

CHEMIST & DRUGGIST

The newswweekly for pharmacy

November 10, 1984

a Benn publication

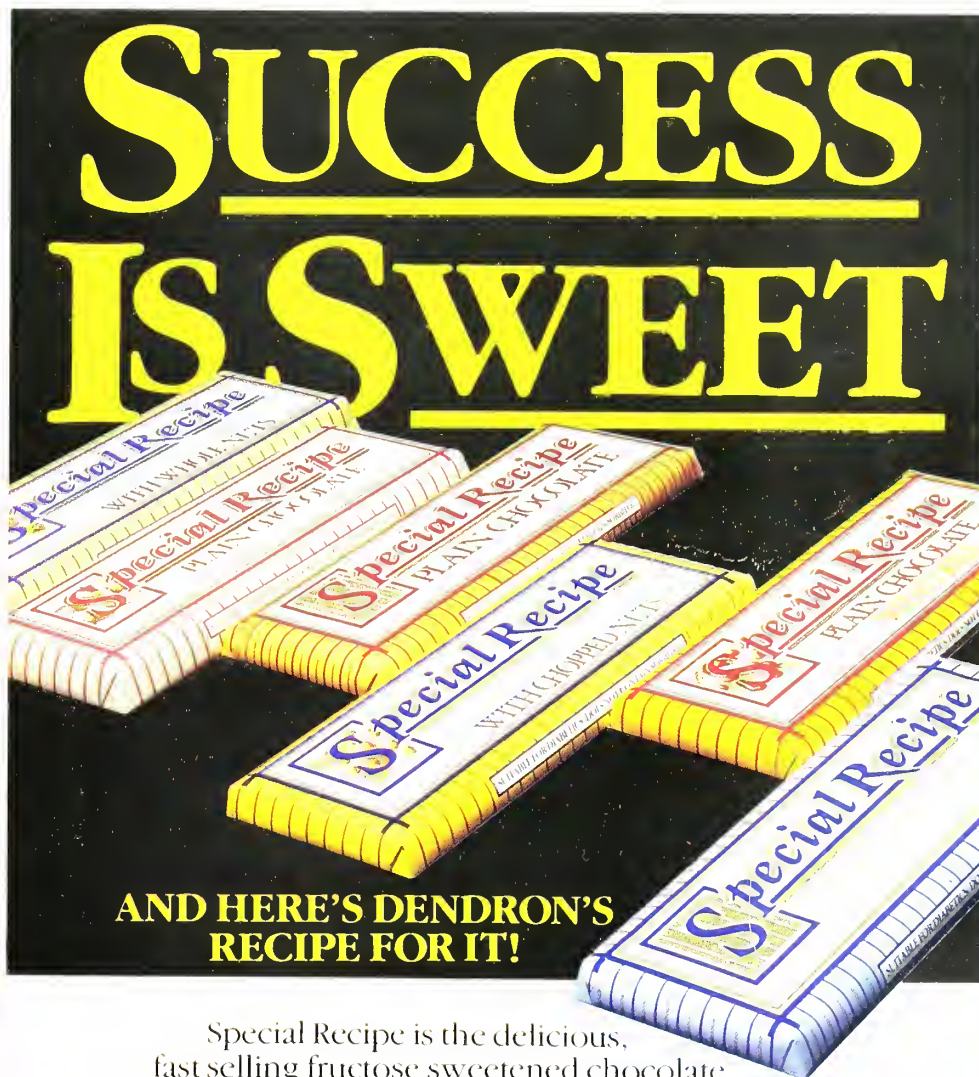
NPA campaign
to include
national Press
advertising

Profession
backs rational
location by
cash incentives

PSNC warns
against rural
pitfalls as
chemist wins
RDC appeal

PML rules: will
pharmacy lose
its birthright?

Pharmacists
not ready for
extended role
— yet give
good advice



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COMMENT

Those who complain that doctors
 get a better deal out of Clothier
 than pharmacists may well be
 right. But it is becoming
 increasingly apparent that is due not so much to
 the justice of the doctors' cause as to the
 incompetence with which pharmacy presents its
 own case.

Some pharmacists and local pharmaceutical
 committees are not doing their jobs properly in
 presenting cases to the Rural Dispensing
 Committee. Both the chief executive and the
 vice-chairman of the Pharmaceutical Services
 Negotiating Committee had the unsavoury task of
 telling contractors that last weekend (see pages
 827 and 860).

The interest some LPCs have in rural affairs
 can be judged by the fact that one third do not
 pay into the compensation fund. While one can
 appreciate that rurality is not a local issue for
 metropolitan LPCs, the pharmacists on these
 committees, as informed professional men and
 women, should be aware of the importance of a
 rural pharmacy service.

LPCs in rural areas can also exhibit a
 frightening degree of naivety. East Sussex was

declared a rural area, almost in its entirety,
 without opposition from the LPC, and has
 effectively been "sterilised" for five years. It is to
 be hoped that similar blanket decisions are
 opposed more effectively elsewhere. While the
 initial damage to the pharmaceutical service may
 be small, the consequences can be far reaching.
 PSNC chief executive Alan Smith, told the Rural
 Pharmacists Association that outline consent is
 being abused in certain areas to "tidy up"
 dispensing lists, allowing dispensing doctors to
 push controlled localities right up to the one-mile
 limit.

The message is clear — Clothier can help
 pharmacy in rural areas, but pharmacists have
 got to make it work for them. The lay members of
 the RDC often hold the casting vote, and if a case
 is sloppily presented, it is not going to win their
 support.

PSNC is always ready to offer help if needed,
 but cannot stand with a stick to bring the idle into
 line. That must be done at local level by local
 pharmacists who, like Mr Morley
 of Daventry (see p825), have the
 stomach for small skirmishes for
 the greater good.

NPA's campaign gets national Press boost

The National Pharmaceutical Association's advertising campaign is to be sharpened and intensified in 1985, says director Tim Astill. In a switch away from colour, the "Ask your pharmacist..." message will be carried in five black and white advertisements featuring stark close ups of a nose, foot, tongue, woman's stomach and baby's bottom, and with punchier copy. Advertisements will appear in daily national newspapers for the first time, as well as magazines, to give more square inches to the pound from the same £0.5m spend.

The new campaign will start around the beginning of February next year and is likely to include advertisements in *The Sun*, *Daily Express*, *The Sunday Post*, *TV Times*, *Reader's Digest*, *My Weekly*, *Family Circle*, *Living*, *She* and *Radio Times*. Coverage will be year-round but there will be two concentrated bursts of advertising in the early Spring and in the late Summer.

The NPA's advertising agency Cromer Titterton Mills Cowdrey estimate 77-80 per cent of all adults will see the ads an average of eight or nine times a year. The bias of the advertising is still towards mothers with young children.

Boots the Chemists are giving financial support to the campaign again and discussions are taking place with various Co-operative Societies regarding their continued support.

Back up includes a further distribution of the A4 acrylic stand for the counter display of campaign posters — on the reverse will be advertisements by Winpharm, Crookes and Boehringer-Ingelheim who are supporting the NPA

campaign. Mr Astill is hoping for additional backing from a further six companies.

A Nielsen survey of independent pharmacies showed that 65-70 per cent of them display the stand. Chairman of the NPA's advertising sub-committee David Sharpe says he would have expected the figure to be in the upper 90s considering the campaign was using the pharmacists, own cash. All Boots branches display the stand.

No extra material POS will be distributed this time. And the campaign is not expected to feature on television. Mr Astill says nothing would please him more than to go for television but there is no way the NPA can afford it. "To be meaningful we would have to spend three or four times as much. At present the £50 annual campaign fee is the acceptable figure to most pharmacists."

Mr Astill says the objective of the campaign remains the same: "To increase public awareness of the pharmacist as the front-line health professional — one who is knowledgeable, accessible, and gives

reliable advice." However, the soft-sell approach of the campaign so far — needed to be toned up so that its volume cut through advertising background noise.

So far all the evidence shows the campaign to be a success, Mr Astill says. "The most important indicator is the reactions of members who say they have noticed a significant increase in the number of customers asking for the pharmacist's advice." David Sharpe said some members had even complained too many people were coming forward!

A second Marplan survey conducted in April had shown the number of people who would ask their pharmacist for advice about minor ailments had risen from 30 per cent (before the campaign) to 38 per cent. "By any standards that is very significant movement," says Mr Astill. However, the number who would ask for advice about OTC and prescription medicines had remained unchanged (47 per cent for OTC medicines).

David Sharpe says he is sure the campaign has played its part in making MPs and civil servants aware of the pharmacy profession. "It's now just a legend that no-one in parliament knows about us." But Mr Astill says all the Government support he can see for the campaign in the near future will be a by-line on another push to educate the public not to always expect a script from the GP.

CTMC's creative director Mike Belgrove says: "Our new advertisements will undoubtedly prove to be provocative, but I have no doubt they will put the required message across. I hope NPA member pharmacists will remember that

Three of the black and white advertisements that will feature in the NPA's advertising campaign in 1985. The £0.5m spend will, for the first time, include full page ads in some national daily newspapers as well as magazine coverage

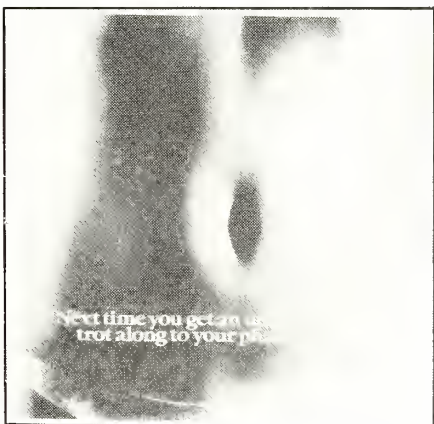


the campaign is aimed at their customers and patients in all socio-economic groups, not at them and their professional colleagues.

He continued: "It was an interesting and challenging brief. There were many caveats stemming from the pharmacists' Code of Ethics, the need to avoid treading on the toes of other professions; the requirement that professional advertising by pharmacists should be dignified yet have impact, and the NPA's brief to put community pharmacists on the map and increase their status..."

And David Sharpe says: "This phase of the campaign is going to be noticed and talked about. Just what a dynamic profession needs!"

The NPA Board decided at its October meeting to bring the present form of advertising to an end after the '85 campaign. It will be replaced with some form of advertising, yet to be decided, requiring a much lower level of expenditure.



If stomach ache is spoiling your day, why not ask your pharmacist to give you a minute? You won't have to queue or make an appointment. And he'll be happy to give you sound, qualified advice. He may be able to give you something to relieve it on the spot. If not, he'll send you off to the surgery. Then, at least, you'll know your visit isn't a waste of time. For you or your doctor. Ask your pharmacist. You'll be taking good advice.



All sorts of ailments can give you symptoms of a cold. Your pharmacist is familiar with them. If your cold is of the common variety, he can give you help and advice on the spot. If, however, he suspects you have something uncommon, he will, of course, pack you off to your GP. Who in turn may send you back to your pharmacist with a prescription. Your doctor and pharmacist make a good team. Especially if you know how to use them properly. Ask your pharmacist. You'll be taking good advice.

RDC turns down doctors near Daventry

The Rural Dispensing Committee has turned down an application from a dispensing doctor practice in Byfield, near Daventry, for outline consent to dispense for three villages in his defined area of practice. But he has been granted outline consent for the rest of his area, which is in a controlled locality.

Pharmacist Nigel Morley of Spackman & McKenzie, Daventry, appealed to the RDC against the application by Dr Middleton's group practice. He said the majority of the 2,000 population of Badby, Newnham and Staverton were already on the doctor's prescribing lists in Daventry, some two or three miles away, and somewhat closer than Byfield, which is six miles away from the villages. If the application was granted it would upset the traditional balance of prescribing in the

area, Mr Morley said.

The Northants Local Pharmaceutical Committee also objected to the application, as it related to the three villages, and on behalf of other two pharmacies in Daventry.

Northants Family Practitioner Committee did not object to the doctors' application because it felt the change would have a negligible effect on the provision of general medical and pharmaceutical services in the area. Only very few of the villagers in Badby, Newnham and Staverton were on Dr Middleton's dispensing list.

Mr Morley feels this RDC decision is a victory for pharmacy. "It sets a precedent for stopping encroachment by GPs in rural areas into traditional areas of pharmacist dispensing. Providing any pharmacists facing an application for outline consent by GPs to dispense in a controlled locality, put forward a cogent but selective argument, they can win the day through the RDC."

Recently another Northants pharmacist, Mr Ken Grace-Dutton, who has a business in Long Buckby, successfully opposed a similar application by another practice to get outline consent for the adjacent hamlet of Buckby Wharf.

Advice role acknowledged

The role of the pharmacist in giving advice is acknowledged in the first annual report on the health service in England, published last week.

"Pharmacists have long been a source of direct advice on minor ailments," the report says. "Many of the six million visits made to pharmacies every day result in the purchase of appropriate self-medication following advice from the pharmacist. There may be scope for further use of pharmaceutical knowledge, particularly in the provision of advice about medicines and in health education generally."

The number of pharmacies dispensing NHS prescriptions has grown from 8,704 in 1980 to 9,057 in 1983, ending a lengthy period of decline, the report adds. While a study in 1981 suggested that more than 90 per cent of people feel they have reasonably easy access to a pharmacy, there is some unevenness of distribution with some areas apparently under- or over-provided.

The number of prescriptions dispensed fell between 1978 (307 million) and 1981 but has risen since to 315 million in 1983. The proportion of prescriptions for patients not required to pay charges has increased — in 1983 78 per cent

(including 6 per cent for patients who had purchased season tickets) as against 63 per cent in 1978. The gross cost of pharmaceutical services rose by 104 per cent in cash terms between 1978-79 and 1983-84 (from £699 million to £1,430 million); in cost terms by 20 per cent, about 47 per cent of the total gross cost of family practitioner services. *The Health Service in England Annual Report 1984.*

Script charges up shortly?

As MPs assembled at Westminster this week for the opening of the new session of Parliament there were expectations of an early announcement by the Government that prescription charges will be raised by 20p to £1.80 per item.

Labour MPs were preparing to mount a strong protest in the Commons that this 12½ per cent increase, expected to provide the Treasury with an extra £60m a year, would breach earlier Government undertakings that future rises in script charges would be kept in line with the rate of inflation.

They were further incensed by reports that the Government is already planning to raise charges a further 10p in 1986.

Rational location to be by cash incentives?

The consensus view of the pharmacy profession is that rational location of pharmacies should be brought about by a series of financial incentives and disincentives.

The DHSS has been told that failure to achieve a better pharmacy distribution will result in a diminished dispensing service. Fewer sources of effective home medicines and informed advice on medicines, minor ailments and health matters will be available to those most in need, and at a distance from GP groups.

At present, a National Health Service contract must be granted to any registered pharmacy on request, except those in controlled localities. If financial incentives were implemented, a better distribution of pharmacies would result with an improved advisory service in adequately staffed premises. It would also avoid an increase in unit costs except in those areas where there is an overriding need for a service, and for a subsidy to be paid.

This policy on the rational location of the pharmaceutical services has been agreed by the Company Chemists' Association, Pharmaceutical Services Negotiating Committee, Pharmaceutical Society of Great Britain and the Rural Pharmacists Association, and was submitted to the DHSS on August 31.

The Financial incentives/disincentives suggested in the policy document are:

1) Basic Practice Allowance. BPA, currently £2,400 per annum, should be increased substantially and related to a tangible and quantifiable part of the cost of providing the service. At the time of increase, there should be no detriment to existing contractors.

An "appropriately constructed body" may be required to administer the higher BPA following consultation with the organisations concerned. For example, it may be necessary to establish the average number of prescriptions which may be dispensed by an existing pharmacy before a practice allowance is granted to a new applicant within one kilometre. Alternatively or, additionally, it may be necessary to specify a ratio of patients per pharmacy. The facilities in the existing pharmacies, particularly the number of pharmacists employed, cannot be overlooked.

2) Payment for advice. Pharmacists have traditionally been regarded as advisers in

community health care for which they have not been specifically reimbursed. Payment for advice should be achieved by a change in the criteria used in the labour costs inquiry.

With the increase in prescription charges, more patients are consulting pharmacies rather than visiting the doctor's surgery. This trend is accepted and encouraged by the medical profession and the DHSS. All advice on symptoms should be recorded as a dispensing activity and the pharmacist should be reimbursed for the activity through the global sum, which should be increased by an injection of capital.

This would be off-set by the saving in drug costs, dispensing fees and on-cost. There would be a further saving in medical consultation time by reducing the demand for prescriptions for relatively minor conditions.

3) Payment for giving up a contract. To discourage the perpetuation of outlets which are not cost-effective in NHS terms, a system of payment for relinquishing a dispensing contract should be introduced on a similar basis to the retirement payment for sub-postmasters.

If a sub-post office contract is not continued on change of ownership or retirement, then a payment is made based on the average receipts from post office work and then related to the number of years service of the sub-postmaster concerned. It would be economically sensible for the Government to pay a lump sum gratuity for relinquishing an NHS contract rather than be committed to paying a practice allowance in perpetuity. Safeguards would need to be agreed to prevent payment being made for relinquishing a contract and the subsequent opening or re-opening of a pharmacy in the immediate vicinity.

4) Initial Practice Allowance. An IPA should be paid to businesses opening more than two kilometres away from the nearest pharmacy in an area where it is deemed that a pharmaceutical need exists. Such contractors would automatically receive the BPA and, probably, the Essential Small Pharmacy payment.

5) Essential Small Pharmacy Scheme and relocation. This payment, in addition to the Practice Allowance, should be continued as a positive incentive to open in areas which are sparsely populated. The Government should pay a relocation allowance where it would be in the public

interest for a pharmacy to move to a more appropriate and cost effective position.

6) Additional pharmacist allowance. To encourage the amalgamation of pharmacies with a consequent saving in practice allowance, an additional pharmacist allowance should be paid to those contractors who employ a second pharmacist who would be required to be working from a pharmacy at the same time as another pharmacist, and who also dispense more than a minimum number of prescriptions (say £24,000 per annum).

Despite the slight increase in pharmacy numbers since 1980, the Department of Health is told:

"It is significant that most of the new pharmacies are in areas where there is already a satisfactory pharmaceutical service and not in areas where there may be a particular need. This increase has been followed, but not off-set, by a small decline in the first quarter of 1984 demonstrating that no firm conclusions can be drawn from the current trends.

"Despite this recent small overall growth in the number of pharmacies, without some incentives for pharmacies to open where there is a real need, the public will suffer. The dispensing service will become concentrated in or around groups of doctors' surgeries and there will be a diminished dispensing service elsewhere in the community to deal with domiciliary prescriptions, particularly for those who are in most need such as the elderly and the mothers of young children.

"And the public will have fewer sources of effective home medicines and informed advice on medicines, minor ailments and other health matters in areas, away from doctors' surgeries. Because of the nature of the local health care service provided by pharmacies, there is a greater need for this service in these areas.

"It is more cost effective to the health service for pharmacists to practice in these areas where they will fulfil the total public need, which means much more than providing a dispensing service."

The two principal factors which govern the location of a new pharmacy are the nearness of doctors' surgeries and a good general shopping site.

The number of pharmacies in Great Britain declined from 15,302 in 1955 to 10,632 in 1980 because:

- (i) Pharmacies became unviable following a reduction in the number of prescriptions dispensed, due to the movement away from the area of one or more doctors' surgeries
- (ii) Dispensing by doctors in rural areas increased substantially
- (iii) The professional element of remuneration for NHS dispensing was inadequate
- (iv) Retail turnover fell.

LPCs must reply to RDC inquiries

Some local pharmaceutical committees do not bother to reply to the Rural Dispensing Committee when approached over applications in their area, Welsh LPCs were told in Llandrindod Wells on Sunday.

This makes the job of the RDC, and particularly the pharmaceutical members, very difficult, said Mr David Coleman, Pharmaceutical Services Negotiating Committee vice-chairman, and also an RDC deputy (see also p860). "We must rely on the local knowledge of the LPC. We do really need a proper assessment of the situation from the LPC — at the very least a letter stating whether it supports the FPC

would help." It also helps if submissions are typewritten, he said.

Mr Coleman replied to recent criticism by the Pharmaceutical Society president, Dr Maddock, suggesting he was wrong to look to co-operate with doctors in rural areas.

"I want to make my position quite clear," he said. "We must stand quite firm in our belief that the best interests of the patient will be served when all dispensing is done under the supervision of a pharmacist. The present divided service in rural areas creates any number of anomalies. I do not believe, however, that a war of attrition with the doctors' would be in the patient's interest, the doctors or our own. I do believe we must continue to build bridges with the medical profession — to explore those areas of common purpose."

ASTMS official backs brands

Support for the pharmaceutical companies who want to market their products under a brand name, comes from a prominent union official of the Association of Scientific, Technical and Managerial Staffs.

Writing in *Health Care*, the paper circulated to the Union's 20,000 NHS members, national officer Roger Lyons claims that the £400m per year spent by British pharmaceutical companies can only be financed by the sale of branded products — there is no other likely source of funding.

"There is no case for spending money on research and development on a new drug if it cannot be sold under the brand name of the company that financed its development," writes Mr Lyons, whose responsibilities include the Union's members employed by the pharmaceutical industry.

It is among the Union's NHS members that the greatest support can be found for generic substitution of named drugs. Mr Lyons asked members to balance the saving to the NHS against the loss of funds for future medical research.

In return for being allowed to continue to sell under brand names, he wants support for the development of "orphan" drugs that cannot expect large sales because they cure serious but minority illnesses.

Computer for drug reactions

The Department of Health is embarking on a pilot study of an "electronic yellow card system" for reporting adverse drug reactions.

About 300 GPs are being asked to report all suspected reactions by viewdata or other suitable terminals linked directly to a computer at the Committee on Safety of Medicines. The scheme will be evaluated in six months time to see if it would work nationally as a possible alternative or supplement to the yellow card system.

The arrangement would also allow the CSM to communicate directly with doctors. If successful, the scheme might

be extended so that pharmaceutical companies could report adverse reactions in the same way.

The Department has issued new guidance to companies on adverse reaction reporting, published in the Medicines Act Information Letter, number 41.

What Heriot?

The Secretary of State for Education has no plans to intervene in the future of the Heriot-Watt department of pharmacy.

This was made clear last week in a written answer to Mr L. Pavitt (Lab), who had asked if he would discuss the future of the department with Sir Peter Swinnerton-Dyer, chairman of the University Grants Committee, and a delegation from the Pharmaceutical Society of Great Britain.



The first winner of the May & Baker Community Pharmacy Award, Miss Alison Morley, is seen receiving a commemorative certificate from Dr Hopkin Maddock, Pharmaceutical Society president, on Sunday. An extract from her paper is presented on p857. See p870 for details of the 1985 winner of the award.

Seige charge

The man arrested at a Kilburn pharmacy on September 11 was committed in custody for trial at Acton Crown Court by Willesden Magistrates, last week (see C&D, September 15, p435).

Mr Roy Terence McNeil, unemployed, of Crowndale Road, Kentish Town, is charged with robbing Mr Dilip Patel of a quantity of drugs and £119 cash, possessing a handgun and assaulting and unlawfully imprisoning a customer, Jackie Leverto, at Bliss Chemists, Willesden Lane.

Sunday service

Dispensing doctors would be only too pleased if pharmacists decide not to trade on Sundays, according to a report in *Pulse* last week.

Dispensing doctors who operate a seven-day service could lose income if pharmacists expanded their Sunday trading: it would particularly affect those GPs operating on the boundary of a rural and urban area, says the report.

Paper delayed

The Green Paper on primary care will not be published until next year, Norman Fowler, Social Services Secretary, announced recently. The Binder Hamlyn report on financing the family practitioner services is expected to be published alongside the Green Paper.

Logo artwork for labels, letters

Pharmacists wishing to use the new pharmacy symbol on their medicine labels, stationery and dispensing bags are now being supplied with the necessary artwork for printing, free of charge.

The artwork provides two versions of the symbol, one for letterheadings, compliments slips, etc and a smaller version for medicine labels. The former covers reproductions between 10 and 50mm in size and the latter reproductions from 5 to 10mm.

It may be reproduced in green (PMS 354) or black, but no other colour. If coloured paper is used the logo may be reproduced only in black.

It is emphasised that the symbol is copyright property, says the Society, and may be reproduced only by using the authorised artwork, which can be obtained from Mr Philip Paul, director of public relations, *Pharmaceutical Society of Great Britain*, 1 Lambeth High Street, London SE1 7JN.

Times looks at pharmaceuticals

"At a time when school leavers and graduates alike are having to search harder for that first job, there is at least one piece of good news — pharmacists are in work."

"In the high street, in the hospital, in industry and in the academic world they are much in demand." So began one of the articles in a *Times* special report on "Pharmaceuticals" on November 1.

The article refers to the career opportunities and salaries in pharmacy and the training requirements. Dr Frank Fish, dean, London University school of pharmacy, is quoted as saying that when interviewing potential students he looks for individuals suitable for a caring profession as well as seeking evidence of academic capabilities.

Another article looks at the "Pharmacists' charter" and expanding roles for the profession, saying that pharmacists believe they are a "greatly under-utilised public resource." Other aspects covered include the controls on medicine safety, parallel imports, the risks from adverse reactions, NHS spending on medicines, and generic prescribing and substitution.

Quality

One of the reasons I never bought parallel imports was the risk of their being different in effect, from the standard product available here. For the same reason I buy generics from two or three manufacturers whose reputations are beyond criticism.

To be frank I'm not going to scratch around the markets for the cheapest possible products, when I am paid to provide a standard item from a reputable supplier. Better still I have absolute peace of mind, when a patient queries the effect of a product I have dispensed. Lack of response is due to the patient's condition and not to an ineffective presentation of a drug. With this as my basic premise, it was disturbing to read an article last week which tells us the BP standards are no guarantee of generic quality. It was more than disturbing to learn that securing a product licence is considered essentially a paper exercise, with currently some 900 foreign companies supplying the UK with drugs for which licenses were granted, but only on the basis of submissions, without any inspection as yet. We are asked how we would react if we, the contractors were to be responsible for the quality of generics we supply?

I don't know about you, but I would be desperately alarmed unless we bought from a list of generics' manufacturers who could produce evidence of BP quality and bio-availability.

All for one

The more you look at it the more there is to it! There is a logic in independent pharmacists owning their own warehousing operation. But most past efforts were tiny affairs run purely for the extra profit which accrued to the working proprietors who generally did the extra work themselves. Essentially amateurish, they never a threat to the major wholesalers, who traditionally acted as suppliers, brokers, and frequently bankers for the smaller entrepreneur pharmacists. On the whole the balance wasn't bad, because if we fell out with one of these suppliers, we had two or three others anxious for our accounts.

Unichem however, by an imaginative stroke of genius or desperation, decided to employ a real professional to transform an ailing co-operative into a worthwhile proposition. As the transformation began to be realised, more pharmacists were rightly attracted to the new deal. Here was a co-operative which was as efficient as anyone currently operating, and promised to distribute to its customers the profits

which would normally go to outside shareholders. I'm all for it but I don't think anyone, except perhaps Unichem realised the catastrophic effect it was to have on our other suppliers. Alright, maybe they were in the same state of complacency as we were twenty years ago, but the big shake-out of wholesalers must affect the way we serve our customers, if only in terms of delay and product range.

In the end though, it will not be Mr Dodd who brings about his wish, ie to have an 80 per cent monopoly, but the greed of people like me. Three main wholesalers dominate the market. When you analyse the deals they offer there is little between them. While those already in membership might think it worthwhile ensuring the minimum qualifying purchases for the Unibond deal, the net profit to them in three years time will only work out about £2,000 about £650 a year before tax. And after tax, maybe £300.

My instinct is to do something to preserve alternative suppliers, since experience of other democratic organisations set up to serve pharmacy, with pharmacists in nominal control, is that power passes to the executive. It then takes a lot of pressure to bring changes in policy. You don't believe me? Look at the Society, and even the National Pharmaceutical Association, which has not always pleased us with its subtle change of membership criteria. Question: How exactly do Unichem define "independents?"

Yet another!

Clear your analgesic shelves folks. Make room for yet another. Solpadeine Forte — containing paracetamol 500mg, and codeine phosphate 15mg and caffeine 30mg.

The dose — wait for it — is two tablets in water up to four times a day.

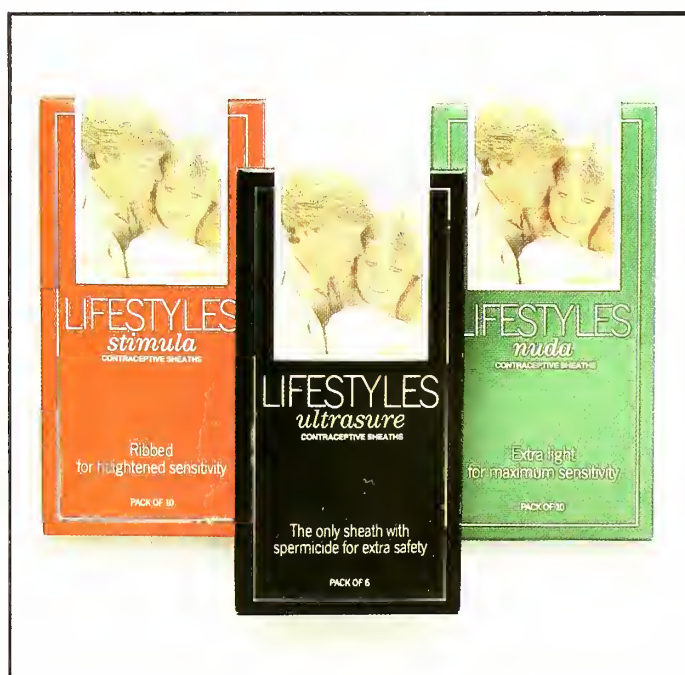
It is a splendid thing to have these dramatic innovations isn't it. When you think, all this time the poor old patients on rotten old Solpadeine have had to make do with just paracetamol 500mg, caffeine 30mg and a mere 8mg of codeine. This new one has 7mg more!

Sterling Health of course are responsible for this breakthrough at a trade price of £4. The current price of old Solpadeine is £2.37 — a difference of £1.63 for 35p worth of codeine at cost. With luck next year we'll see another breakthrough with 750mg paracetamol, or 1000mg for patients who haven't the strength to put two tablets into the glass of water and with phenolphthalein to counter the effect of too much codeine.

Makes me sick.



Which new brand is updating
the image of the sheath?



Lifestyles

Extensive consumer research confirms Lifestyles as a fresh, clean, stylish brand of contraceptive – part of modern family life.

At Warner-Lambert Health Care we have many other successes for you like Benylin, the most recommended of all cough treatments, Viganin and Anusol, each with an established franchise. Fast-moving new products like Sinutab Poly Hi-Lights, part of the spectacular growth of the whole Poly hair care range. The Big Three mouthwashes – Listerine, Listermint and Oralene – which have dominated their market for so long.

Our expanded Sales Force is always ready to help and advise you on our products. Or, if you wish, contact our Sales Services Department at any time on Eastleigh (0703) 619791. We'll be pleased to hear from you. R84025

**WARNER
LAMBERT**
HEALTH CARE

the name people feel better with

Mitchell House, Southampton Road, Eastleigh, Hants. SO50 6JY
All brand names are trade marks.

Spectacles in focus

My attention has been drawn to an advertisement in *C&D*, (October 13, p693) from a firm offering chemists a package of spectacles for over-the-counter sale. It is not clear from the advertisement itself whether the firm in question intends to offer ready-glazed glasses for sale in this manner. If that is the case it is necessary to point out to any pharmacists who may be tempted to take up the offer, that such sales are illegal under present and proposed legislation.

From the end of November, unqualified and unregistered people will be permitted to dispense optical prescriptions. That is a matter of great regret both from the point of view of public protection and because most ophthalmic opticians have serious doubts about the ability of untrained persons to dispense their prescriptions accurately. As a profession with the closest links with pharmacy, we would hope that professional pharmacists would not involve themselves in activities such as these.

Ian Hunter

General secretary, Association of Optical Practitioners.

As was made clear in the story in *C&D*, October 6, p593, Suffolk Optical offer to make up prescriptions for spectacles, handed to pharmacists after the legal changes, expected in November, are introduced. The patient will be able to choose his or her style from demonstration frames supplied on a sale or return basis by Suffolk Optical, a proportion of which are glazed with a range of the more frequently prescribed lens powers. The trial frames are for convenience of customer. But the glasses actually supplied to the patient are sent direct to the pharmacist by the company, only after they have received the prescription. Editor.

Putting a torch to a claim

We refute the claim by Duracell to have a 32 per cent share by value of the torch market from September '83 to April '84, (*C&D*, October 20, p716). The figure is wildly misleading, not least because it includes the cost of batteries which are sold with their brand of torches.

The latest market analysis by the independent ICI consumer panel for the twelve months ending in June this year in

fact shows Every Ready as brand leader with 37.7 per cent of the market by value (36.1 per cent by volume), followed by Pifco with 8.7 per cent (10.1 per cent by volume) and Duracell with 5.7 per cent (4.9 per cent by volume). Figures supplied by AGB Attwood for the year ending July again show us leading the field with 28 per cent and Duracell with 4 per cent by volume.

Not only are Duracell including batteries in their figure, but these are their own relatively expensive alkaline variety which consumers need not put into torches. In our view overclaims such as this merely serve to confuse and are a disservice to the trade.

Peter Bonner

Marketing director, Ever Ready Ltd.

Illuminating response

Durabeam held a 32 per cent revenue (25 per cent volume) share of the torch market during the period September 1983 to April 1984 according to data supplied by A.C. Nielsen from its bi-monthly audits of grocery, CTN and chemist/drug sectors.

While we recognise that this information can only reflect product performances in those areas audited by Nielsen we consider it to be the only reliable source of market data.

In the chemist/drug sector, Nielsen clearly show Durabeam as brand leader.

Roy Doughty

Marketing director, Duracell UK.

Looking back in anger...

So, no wholesaler other than Unichem has any interest in its independent pharmacist customers? The effrontery and hypocrisy of Peter Dodd's statement to delegates at Unichem's convention almost rivals that of his frequent statements during 1978-79 that Unichem supported Resale Price Maintenance on medicines. Now, all objective observers of the industry's recent history, financial analysts, academics, etc, agree that Unichem destroyed RPM.

And what of the "increased level of profits passed back to Unichem members" as a result? Five years on, I suspect that few retail pharmacies can show a steady trend of increasing gross profit as a percentage of turnover in either the NHS or OTC sectors of their business.

Despite the best legal advice, Unichem lost its action in the High Court against the

DHSS and profit rebate was deemed to be discount, thus delivering up to the DHSS the greater part of the pharmaceutical distribution industry's legitimate profits. Doubtless any increase in Unichem's profit distribution will go the same way in due course — even Unibond.

It should not be forgotten that, through the destruction of RPM, very many retail pharmacists "lost" from 30-60 days interest-free working capital which, up till then, was extra credit integral to most wholesalers normal trading terms.

I know that memories are short and can be obliterated by a sustained barrage of propaganda. However, pharmacists owe it to themselves and to their profession to look back over the past decade to compare and contrast objectively the effects upon retail pharmacy of Unichem's aggressive marketing and their stated objectives at any given time. Almost invariably, they will find the effects are the opposite of the stated objectives.

So it will be if Peter Dodd achieves his objective to monopolise wholesale pharmaceutical distribution because monopoly is the antithesis of independence, which is best defined as "not subject to control by others". Monopoly would sterilise the democratic structure of Unichem because there will be no alternative. "Whatever is good for Unichem is good for its members" — really Mr Dodd?

D.P. Mulholland, MPS.

Managing director, Graham Tatford Ltd.

...and forward in hope

I am delighted that Mr Mulholland has used your letters column (last week, p792) to state his admiration for the intelligence of pharmacists. I share that admiration and therefore am confident that the Unibond bonus plan will be seen for what it is — a very attractive extra financial incentive.

His opening paragraph confirms that the scheme offers a bonus, additional to our very competitive terms. Simple arithmetic indicates that the present number of Unichem qualifying members would each receive an average of £2,000. The amount accruing to any individual outlet will of course vary, because the more they spend, then the greater will be their share of the £4 million bonus fund.

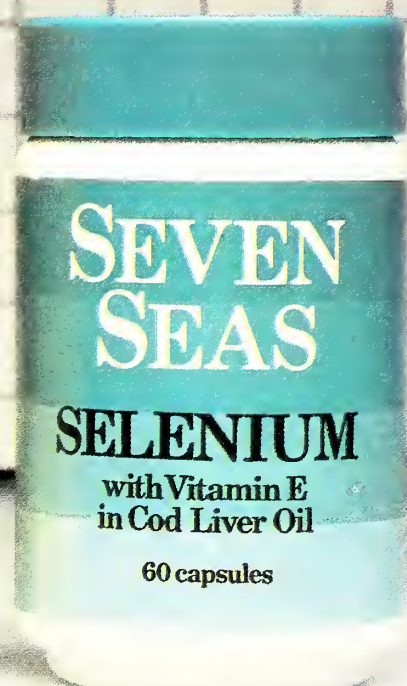
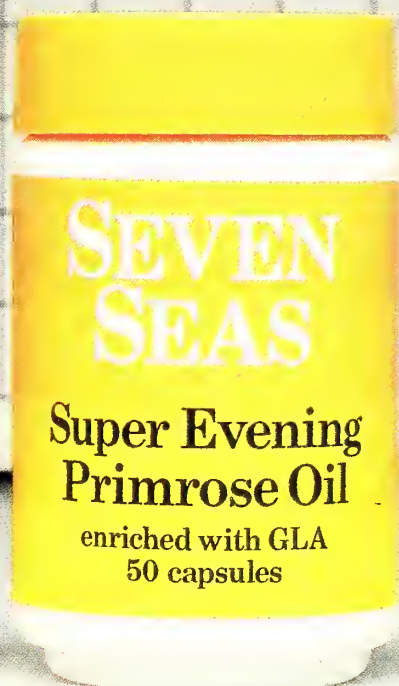
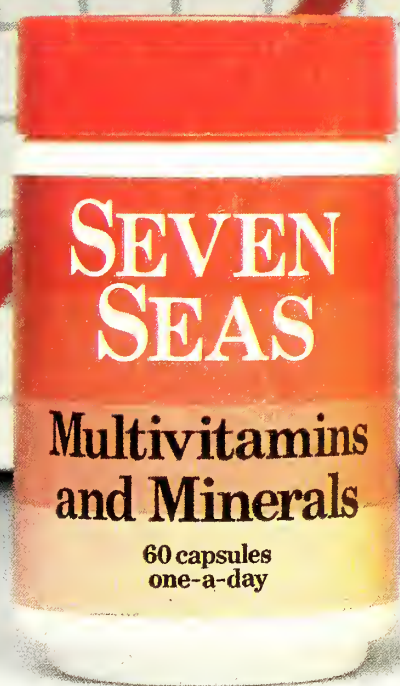
I would close by again agreeing with Mr Mulholland that the pharmacists will choose intelligently, and perhaps he realises that this is already happening.

P.J. Dodd

Managing director, Unichem Ltd.

Chemist & Druggist 10 November 1984

WHEN THESE THREE SELL
AS WELL AS THE OTHER
TEN, OUR RIVALS
WON'T BE FEELING
TOO GOOD.



The last time we introduced three new supplements, sales increased by 50% across the entire Seven Seas health supplement range.*

Which is very good news for our stockists if not for our rivals.

So here's another three that are bound to prove just as popular with your customers. Because research has shown they're what your customers want.

What's more, we'll be supporting the entire range with a major television advertising campaign.

MULTIVITAMINS AND MINERALS

This is a balanced formulation of 12 vitamins and 10 minerals offering "Nutritional Insurance" for the whole family in easy-to-swallow capsule form.

SUPER EVENING PRIMROSE OIL

This supplement is a unique blend that offers a higher con-

centrate of GLA than any other product on the market today.

SELENIUM WITH VITAMIN E IN COD LIVER OIL

A unique combination of Selenium with Vitamin E in Cod Liver Oil. Ideal for the old and particularly beneficial during the cold winter months.

SEVEN SEAS

Seven Seas Health Care Ltd,
Hull (0482) 75234

There are now 13 supplements in the Seven Seas range. Stock them all and see your profits grow healthier.

MULTIVITAMINS AND MINERALS SUPER EVENING PRIMROSE OIL SELENIUM WITH VITAMIN E IN COD LIVER OIL
MULTIVITAMIN AND MINERALS WITH GINSENG EXTRACT SUPER VITAMINE B COMPLEX WITH BREWERS YEAST VIT C-PLUS SUPER VITAMIN B6
GARLIC OIL PERLES CIDER + 3 DIET AID WHEAT GERM OIL KOREAN GINSENG LECITHIN

*INDEPENDENT AUDIT

Parksoft program package offer

A home computer software scheme is being launched by Park Systems, called Parksoft, it offers those opening an account the chance to get a return of 40 per cent on cost, the company says.

Retailers are provided with a small counter stand (with display material)

containing 30 program cassettes, selected from the national top 50 titles. To keep titles up to date Park will send up to five new cassettes a month, and recall a similar number, to maintain stock at a maximum level. However, the recalled titles can be retained if required.

All titles selected for deletion in any given month will be recalled for full credit at the end of that month, say Park Systems.

Orders can be made at any time by telephone on 051-236 9438. Provided the order is received before 4pm it should be

delivered next morning by first class post, the company says. Any number of cassettes can be ordered — single orders will be accepted.

In addition to the stand Park Systems will provide a catalogue of currently available titles. If a customer wants a cassette not on the stand it can be ordered for next day delivery. (The profit margin on "specials" is reduced to 21 per cent).

Sales of home computer software have rocketed in the last two years, say Park Systems, and the market is worth well over £25m with 2.5 million households owning a computer. Titles offered on the Parksoft scheme range from simulation and arcade games to education and utility programs (home account and cook book).

Retail prices in the December list range from £6.90-£14.95 — 18 of the programs are for the Spectrum and 12 for the Commodore 64. The trade cost of the December package (including stand and display material) is £179.76 (+ VAT). *Park Systems Ltd, 17 Gascoyne Street, Liverpool L3 6BS.*



It's a natural.

Naturally you'd expect Tiger Balm to be the choice of your discerning customers. Its therapeutic qualities aid in the relief of muscular aches and pains, without the use of synthetics or animal derivatives.

It's a natural too for you to stock and sell. Available to chemists from wholesalers or De Witt International Limited, Seymour Road, London. E10 7LX. Tel: 01-539 3334



Please supply Tiger Balm information to:

Name _____ CD 10/11/84

Company _____

Address _____

Telephone _____

Sole importer: Arrowmed Limited, Alton, Hampshire



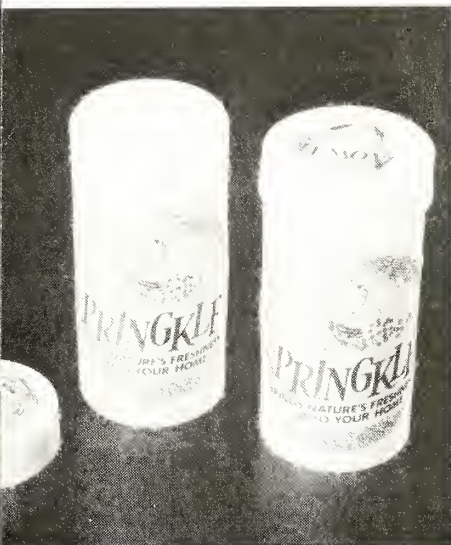
Revlon's aloe vera gel variant

Revlon add aloe vera gel

Revlon have introduced a third variant containing aloe vera gel (350ml; £2.55) to their dry skin relief range.

The new variant differs from the existing two by having soothing properties for sensitive skin, says the company. "Dry skin relief is the fastest growing toiletry skin care brand, growing by 57 per cent in value sales for year ended June 1984 versus the previous 12 months" say Revlon International Corporation, 86 Brook Street, London.

Chemist & Druggist 10 November 1984



Springkle is in the air

A powder air-freshener containing micro-capsules of apple and lemon fragrances, called Springkle, has been introduced by Cube Product Promotions.

The non-toxic powder is activated by heat or water and when poured into, for instance, an ashtray or pot-pourri, a long-lasting subtle fragrance is released, says the company.

Springkle is available in 20g containers (£0.99). Further sizes, including a 350g jumbo pack and a lavender fragrance, will be introduced shortly. *Cube Product Promotions, 39 South End, Croydon, Surrey CR0 1BE.*

Raveire quartet

Raveire Cosmetics have launched their own range of perfumes called Parfums Nouveau.

The range comprises four eau de parfum sprays — Chanson D'Amour, Carissima, Minouche, Peutetre and an aftershave vaporiser — Stripes. The range

is being offered at promotional prices for Christmas.

Chanson D'Amour and Carissima — boxed 30g eau de parfum (EDP) sprays are each packed in merchandisers of 18 with testers. The normal retail price for both is £3.99, but on promotion they are £2.99.

Minouche and Peutetre — 14g handbag EDP sprays are also packed in merchandisers of 18, each including testers. Normal retail price is £2.99 (£1.99 on promotion).

Stripes aftershave vaporiser (100ml) comes in a merchandiser of 12 with tester, and is being promoted at £4.99 compared to £7.95 normal price. Distributors: England — *Raveire Cosmetics, 20 Guildford Road, St Albans, Herts;* Northern Ireland — *Penrose Agencies, 24 Penrose Street, Belfast;* Scotland — *M&S Toiletries, 61 Marionville Road, Edinburgh.*



Ian McConkey MPSNI (left), the Ulster Chemist Association's 'Golfer of the Year', is presented with his prize by Mervyn Hardy, chairman of Belmont Photographic Services, sponsors of the competition

Dreamland push overblankets

Dreamland are advertising their microchip controlled electronic overblankets, underblankets and electronic heating pad in the women's and national Press.

The microchip overblanket is featured in full page advertisements in the women's Press and Sunday colour supplements running through to Christmas.

And the underblanket campaign stresses the "extra comfort and safety offered by the Dreamland range". The electronic heating pad advertisement is appearing in women and home interest magazines through to Christmas. *Dreamland Electrical Appliances Plc, Shipyard Estate, Hythe, Southampton, Hants SO4 6YE.*

Funel splash out on cologne

Funel have added 100ml and 250ml eau de cologne splash to their range, retailing at £1.99 and £2.99 respectively. The cologne comes in jasmin, floral, ambre and vert fragrance. *Mornwood Marketing Ltd, 29 Pillings Road, Oakham, Leicestershire.*

Modern health

Vegetex, Sunerven and Garlodex have been repackaged in Securitainers with new labelling, and are to be sold in to the trade in 6s rather than dozens, say *Modern Health Products Ltd, Davis Road, Chessington, Surrey KT9 1TH.*

WHEN KIDDIES SCREAM — THE CRY IS FOR HELP!

HERE'S SOMETHING TO EASE THE PROBLEM AND RESTORE THE CALM



MEDISED suspension, containing paracetamol and promethazine, is especially formulated to ease the problem of treating mild to moderate pain in children aged between 3 months and 12 years.

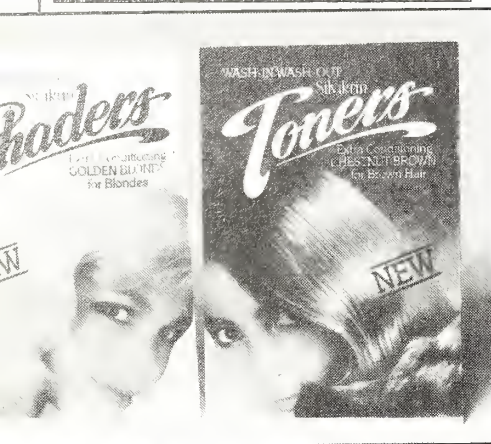
MedisedTM
paracetamol/promethazine HC I
suspension

Further details available on request



Martindale Pharmaceuticals Limited
Chesham Close, Romford, Essex

A British owned company Medised is a registered trademark



New look colourants

Beecham are relaunching Silvikrin's twin-ranges of temporary colourant shampoos — Toners and Shaders — with a £250,000 Press campaign.

Both of the sachet-packed ranges offer an updated list of variants and a new formula base with, says the company, "extra conditioning power, packaged in eye-catching designs." Toners for brown hair now includes chestnut brown and soft rosewood, while Shaders for blonde hair features the two new colours, pearl blonde and golden blonde.

Beecham are promoting Toners and

Shaders through sampling operations in teenage leisure venues. Marketing manager, Ian McPherson says: "Toners and Shaders are extremely popular among teenage girls who like the idea of being able to change their hair colour simply by washing their hair".

Colour advertisements supporting the relaunch will appear in teenage girl's magazines such as *Jackie*, *Just Seventeen* and *My Guy*. Beecham Proprietaries Toiletries, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.

Hanimex on-air pre-Christmas

Hanimex are launching a camera advertising programme with a series of radio commercials aimed, they say, at young free-spending consumers.

The campaign runs from November 30 to December 12 during peak listening times on London's Capital radio.

The campaign will be supported with leaflets and other POS material. Hanimex (UK) Ltd, Hanimex House, Dorcan, Swindon, Wilts SN3 5HW.

K-C'S big push

A pre-priced promotion is being mounted by Kimberly-Clark to support the Kotex range.

In the "biggest" promotion of its kind run by the company, packs of Simplicity and Sylphs press-on towels, Dayfresh pant liners, Freedom slim-towels and Fems tampons are being flashed with price savings of at least 10 per cent.

Explains Kimberly-Clark's major account manager, Stan Newman: "Pre-priced promotions for specific Kotex products have always proved successful, not only in gaining increased sales among regular users, but also in stimulating trial purchase".

The promotion will run until the end of the year. Kimberly-Clark Ltd, Larkfield, Nr Maidstone, Kent.

Robbins change

Robbins Medical products are distributed to wholesalers by Farillon Ltd, Bryant Avenue, Romford, Essex RM3 0PJ.

"Sure (croak!) Shield, please."

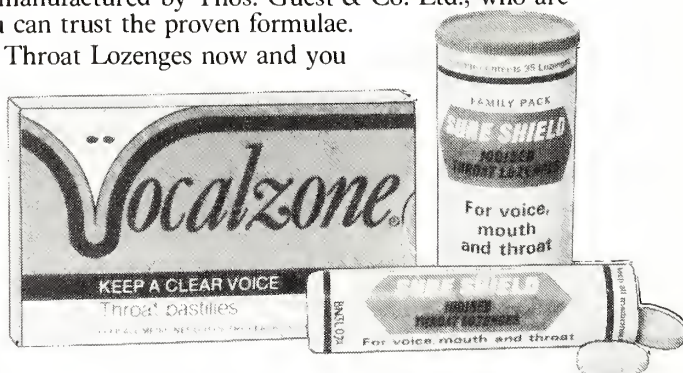
Sometimes your customers have difficulty speaking at all.

This Winter, that's when they'll be croaking for "Sure Shield" throat remedies by name. Because Sure Shield are spending over **£50,000** advertising their Vocalzone pastilles and Iodised Throat Lozenges.

These licenced medicines are manufactured by Thos. Guest & Co. Ltd., who are established over many years. So you can trust the proven formulae.

Stock Vocalzones and Iodised Throat Lozenges now and you can take advantage of our special discount package. Please place your order with our representative, your normal wholesaler, or by phoning our telesales department on 0283 - 221616.

Remember, when your customers rasp, squeak and croak this winter, they'll be trying to say "Sure Shield, please."



The £50,000  **advertising campaign breaks this month.**

Thos. Guest & Co. Ltd., Swains Park, Overseal, Nr. Burton-on-Trent, Staffordshire, DE12 6JS

Alberto spend £1m on mousses

Alberto-Culver are spending £1m on a television campaign to support VO5 Alive colour mousse and styling mousse.

A 30-second commercial concentrates on VO5 Alive's "switch on, switch off" colouring benefit which washes out after one shampoo. This is being shown on LWT, TVS and nationally on TV-AM until November 25. A second commercial — "Styling with confidence" — featuring the original styling mousse is being screened in Central, Yorkshire and Tyne Tees regions and ends November 24. *Alberto-Culver Co, Houndsmill Industrial Estate, Telford Road, Basingstoke, Hants.*

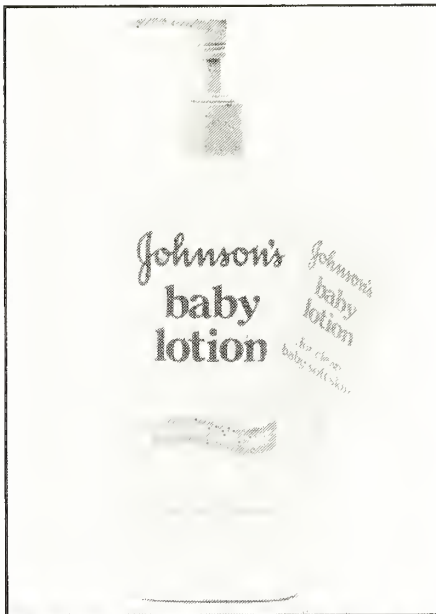
Noir gets Xmas media boost

A television and Press campaign will be supporting the Noir Essentials pour Homme range in the run-up to Christmas.

The 30-second commercial with a national equivalent spend of £360,000, is to be screened between November 23 and December 21 on Channel 4 in the South region. The Press campaign will comprise full-colour pages in the *Sunday Times* magazine and *Options for Men*. *Beaute Ltd, 202 Terminus Road, Eastbourne, East Sussex BN21 3DF.*



William Gilpin, MPS (centre) of Seeforth Road, Liverpool, was the lucky winner in the Robinson's baby foods "fruity goodness" promotion run during the Summer. Mr Gilpin is pictured receiving his price of an ACT Apricot computer, plus software from northern regional sales manager Les Johnson (left) and territory manager Gordon Cooper, both of Reckitt & Colman pharmaceutical salesforce



J&J opt for pump dispenser

Johnson's baby lotion is being introduced in a 450ml size (£2.55) with pump dispenser.

A promotional swing leaflet will discuss skin-care and the benefits of baby lotion as a skin cleanser.

Johnson & Johnson recommend dual placement of the product for increased sales. "Over 70 per cent of purchases are by adults for adult usage." *Johnson & Johnson Ltd, Brunel Way, Slough, Berks.*

Psorin supply

Pharmacists experiencing difficulty in obtaining supplies of Thames Laboratories' Psorin, can now place orders directly with the company.

Product manager Joy Taylor says: "The extent of professional recommendation for Psorin has taken us by surprise and caused a number of problems in supply to the distributor and wholesalers."

To co-ordinate efficient wholesale availability of the product, Thames have set up an "action-line". The company says orders placed by telephone will be delivered and invoiced the same way as orders placed through regular wholesale channels. The number to call is: Joy Taylor, 01-568 7071. *Farillon Ltd, Bryant Avenue, Romford, Essex RM3 0PJ.*

Odor-free spray

Newton Laboratories are adding Newton's SF 35 Odor-free spray (100ml, £3.50) to their footcare range. The product is available in packs of one dozen (trade price £25.56). *Newton Laboratories, PO Box 789, 111 Wandsworth High Street, London SW18 4JB.*

Smile — it's a Savlon baby

Savlon baby care products will feature the "Smile of the Year" competition, run by *Parents* magazine and Care Laboratories.

The competition will run until April 1985, and will offer prize money totalling £3,000. Details and entry forms are to be found in *Parents* magazine.

Each entrant is required to send in a "Smile" label from any baby care promotional pack featuring a pair of red outlined smiling lips, say *Care Laboratories Ltd, Badminton Court, Amersham, Bucks.*

A pocketful of beams

With the Christmas gift market in mind, Duracell and Pan books have produced a book entitled *Pocketful of Beams — My First Torch*.

Aimed at the six to ten year old age group, the book (£6.95) tells the story of light with colour illustrations. At the back of the book is a pocket Durabeam torch with batteries and fitting instructions.

The book is available from October 26 and will be distributed by Pan to booksellers and by Duracell to their principal outlets. It will be merchandised in counter units containing five copies. *Duracell (UK), Gatwick Road, Crawley, Sussex.*

Coeliac disease video

A video aimed at increasing understanding of coeliac disease is now available on free loan. Pharmacist wanting details about borrowing "The coeliac condition" should contact the *Coeliac Society of the UK, PO Box 181, London NW2 2QY.*

Combi to Santo

Medema have appointed Santo Ltd of Cheadle, Manchester, their agents in the UK and Eire for the Medema Combi expressing and feeding bottle.

All inquiries regarding supply of the Combi should be addressed to Santo's distributors: *De Witt International Ltd, Seymour road, London E10 7LX.*



Larissa to wipe up

Larissa Ann are launching a range of pocket cosmetic wipes on November 12 under the Larissa brand.

The wipes are to be made by Larissa Ann themselves and will replace the pocket wipes the company distributed previously.

Larissa wipes come in four variants: eye make-up removers, nail polish removers, face make-up removers, and skin toning refreshers. Each pack contains 30 impregnated tissues which have natural formulations and are perfumed, says the company. Labelling and packaging have been redesigned and a self-stick unit is available to merchandise the wipes which should sell for around £1 a pack. The labels have been designed to be "eye catching without being gaudy". Each pack's cap is colour co-ordinated and made with a pearlised plastic finish.

The company says it will embark on its biggest ever advertising campaign to support the brand next February although details have not yet been finalised.

There are also plans to relaunch the 50-wipe packs next year, say *Larissa Ann Cosmetics Ltd*, 28 Willis Way, Fleets Industrial Estate, Poole, Dorset BH15 3SS.

Panadeine sol

Panadeine tablets are now available in a soluble form (12s, £1.10; 24s, £1.98). Each tablet contains paracetamol and codeine phosphate.

Winpharm recently launched Franolyn Sed (110ml, £1.47). It contains dextromethorphan hydrobromide. *Winpharm*, 1 Onslow Street, Guildford, Surrey GU1 4YS.

Sticky move

Uni-solve is an adhesive remover presented as a solvent-impregnated wipe in a foil sachet. They come in dispenser packs of 50 (£6.90) from *Salts Hospital Products*, 220 Corporation Street, Birmingham B4 6QR.

Brushing up with adjustments

A toothbrush with an adjustable head has been introduced by Sirius Components.

Invented by a dentist, the Medec adjustable toothbrush features a head, with lightly-packed medium-strength filaments, that can be placed at four different angles to the handle. There is also a release mechanism which allows the head to move to the next position if too much pressure is being used to brush the teeth, say Sirius Components. A pressure of more than 600g on the teeth can cause damage, says the company.

The lightly-packed filaments enable the user to penetrate between the teeth, where some 80 per cent of food deposits are found. Densley-packed filaments do not allow penetration say Sirius Components, because a solid surface is formed during use.

The brushes are presented singly on cards, each with a spare brush head, to retail at about £1. The pack carries instructions for use. *Sirius Components Ltd*, 32 Sylvester Road, London N2 8HN.

ICML Xmas promotions

Lilia-White have produced for Numark Chemists "22 for 20" packets of regular and super Lil-lets and Beechams Toiletries have introduced Fenjal creme bath 100ml classic variant with a free 50ml body lotion. They will be available to the consumer during the Numark December national promotion, running in-store from December 3 to December 29.

Numark own-label support will be the Nusoft all-in-one shaped elasticated nappies toddler 30's which will again be illustrated in Press advertisements. A window bill will be available plus shelf and stack cards. These will also be produced for toilet tissue twin, kitchen towel twin and terry towelling hot water bottles.

Numark's festive superbays include Savlon liquid plus 20 per cent extra free, Supersoft hairspray plus 20 per cent extra free, Imperial Leather soap, Nice 'N easy, Belle Color, Soft & Pure cotton wool, Lil-lets, Silkience hairspray plus 25 per cent extra free, Marigold rubber houseglove, Pennywise, Baby Fresh gentle baby wipes with lanolin, Aquafresh 3 toothpaste banded twin packs, Snugglers, Sensodyne toothpaste, Whistling Pops, Quickies face cleansing pads, eye make-up remover

pads, varnish remover pads, Cossack hairdressing, Lucozade, Palmolive rapid shave plus 25 per cent extra free, Grecian 2000, Lady Grecian, Alberto VO5 shampoo plus 20 per cent extra free, Alberto VO5 conditioner plus 25 per cent extra free, Dr Whites and Fenjal creme bath.

All these products will be advertised in the *Sun*, *Daily Mirror*, *Sunday Post*, *Radio Times*, *Sun Day magazine*. The promotion will be screened on Ulster television week commencing December 3. Merchandising support comprises festive superbays window banners and window bills, shelf and stack cards.

RPM specials include Optrex lotion and eye drops, Clearine eye drops, Eye Dew, Savlon cream antiseptic, Angiers junior aspirin, Andrews, Eno, Settlers, Feminax, Aspro Clear and Lanacane. *Independent Chemists Marketing Ltd*, 51 Boreham Road, Warminster, Wiltshire.

Duracell spread the word

For Christmas Duracell are extending their television campaign to include all areas and are running a poster campaign for their batteries and Durabeam torches.

A 48-sheet poster pictures Big Ben with a large Duracell battery being hauled up the side and the words "Can you remember the last time they changed the batteries?". It will appear on 200 sites in Greater London.

The company is also repeating its poster campaign on buses in the GLC area.

The Durabeam torch range will feature in a national £125,000 poster campaign to run in eight cities. *Duracell UK*, Gatwick Road, Crawley, Sussex.

The discrepancy between the size of the cosmetics market quoted in recent reports from *Retail Business* and *Key Note (C&D October 13, p666-7)* may be accounted for by the range of products included in each report. *Retail Business*, which put the market at £240m at rrp in 1983, looks at skincare products, facial make-up and decorative cosmetics. *Key Note*, which valued the market at £320m in 1983 at manufacturers' prices, includes women's fragrances, make-up items, skincare preparations and men's aftershaves, colognes and talcs.

Hustler are now concentrating their advertising effort on Thames television and not as stated in *C&D*, October 20.



**Could your average
plaster take care of a
cut this size?**

A first for En-de-kay

En-de-kay is to be advertised nationally from this month and throughout 1985. The campaign is claimed to be the first consumer promotion for fluoride supplements.

Advertisements are to appear in *Parents* and *Mother and Baby*. Stafford Miller expect the campaign to have an immediate effect on sales and will be offering bonus terms on all orders received up to December.

The advertisement is designed to re-educate mothers about fluoride telling them that fluoride supplements are an essential part of caries prevention, say Stafford Miller. Using a fluoride supplement in addition to a fluoride toothpaste can reduce caries by at least 60 per cent, say Stafford-Miller. That compares to a 25 per cent reduction with a fluoride toothpaste alone.

The company sees the market as having great potential with only 2 per cent of possible users currently taking a fluoride supplement. About 75 per cent of dentists recommend fluoride supplements and of those 43 per cent recommend En-de-kay, claim Stafford-Miller, making it the most frequently dentist-recommended supplement.

Dentistry will soon change to become prevention-orientated, they say. The Department of Health is investigating remuneration by capitation for dentists. The scheme is to be tested next year and should become universal by 1988, says the company. Thus recommendations for fluoride supplements are expected to increase considerably. *Stafford-Miller Ltd, Stafford-Miller House, The Common, Hatfield, Herts AL10 0NZ.*

Seven Seas extend range

Seven Seas are adding three products to their range: multivitamins and mineral capsules (60, £2.69); super evening primrose oil enriched with GLA (γ -linoleic acid) (50, £3.99), and selenium with vitamin E in cod liver oil (60, £2.69). All three are classified as health food supplements.

Multivitamins and mineral capsules provide 12 vitamins and 10 minerals in a one-a-day adult dose.

Seven Seas selenium with vitamin E in cod liver oil capsules contain selenium,

vitamins E, A and D and polyunsaturates EPA (eicosapentanoic acid) and DHA (docohexionic acid). The recommended daily adult dose is one or two capsules.

Super evening primrose oil enriched with GLA contains γ -linoleic acid from two sources: evening primrose and boracelle oil of borage. Seven Seas claim that a 250mg capsule contains 50 per cent more GLA than other similar strength brands. The recommended daily adult dose is one to three capsules.

There are to be special trade offers on all three products. Details are available from Seven Seas local representatives or Terry Simpson at *Seven Seas Health Care Ltd, Hedon Road, Marfleet, Hull.*



A display pack for independent retailers containing a selection of the most popular sizes of Vidor high-power batteries, is available from Crompton Parkinson. Designed to make profitable use of counter-top or shelf display space, the pack contains 120 batteries.

Each shrink-wrapped pack comes with a colour-printed tray holding packs of HP2, HP7, HP11 and PP3HP batteries, a clip-in header board and an instruction leaflet. The header carries battery illustrations and the slogan "better value for money for high-powered and motorised applications". *Crompton Parkinson Ltd, Woodlands House, The Avenue, Cliftonville, Northampton NN1 5BS.*

Olive additions

Olive have made a number of additions to their range: selection of curling clips (£0.17-£0.20), ponytail bobbles (£0.15-£0.30) plastic wave clips with butterfly tops (£0.35), gold tip eyebrow tweezers (£0.49), automatic eyebrow tweezers (£2.40), nail pliers (£2.95), cuticle pliers (£2.95), hairdressing/thinning shears (£2.75), tape measure (£0.39), plastic wall thermometer (£0.75) and assorted hairbrushes (£0.65-£1.75). *Marcus Olive Ltd, Olive House, 70 Orpington Road, London N21 3PN.*

Network start

Hawaiian Tropic have transferred distribution of their sunpreps range to Network Management, an associated company.

Network, owned by Hawaiian Tropic managing director Ken Campbell, are a newly-formed distribution company, calling mainly on chemist outlets.

Network Management have also been appointed distributors of Shades International sunglasses with the aim of increasing distribution to chemists.

Founder of the company, John Bowl, hopes that the continuity of service provided by salesmen calling regularly will treble distribution to the chemist trade. *Network Management Ltd, 3 Union Court, 9 Sheen Road, Richmond, Surrey.*

ON TV NEXT WEEK

Ln London	WW Wales & West	We Westward
M Midlands	So South	B Border
Lc Lancs	NE North-east	G Grampian
Y Yorkshire	A Anglia	E Eireann
Sc Scotland	U Ulster	CI Channel Is
Bt Breakfast Television	C4 Channel 4	

Askit powders:	So, G
Bic razors:	Ln, WW, So, NE, A, We, B
Cidal soap:	Bt, C4
Coldcare capsules:	All except U
Duracell:	All areas
Oil of Ulay:	All except U
Oxy Clean cleaner & pads:	Lc
Philishave:	All areas
Remington Micro-Screen shavers:	All areas
Revlon Scoundrel:	Bt
Sanatogen:	Bt
Seven Seas Health Care cod liver oil:	M, WW, A, C4
Simple soap & skincare:	Ln, M, A, C4
Sinutab:	All areas
Vichy Equalia 2000:	C4(M)
Vicks Sinex nasal spray:	All except U
Yardley Lace:	Ln, M, Lc, So, A, C4

SPECIALITY BRIEFS

Imuran tablets: the bottle of 100 tablets is being replaced by a carton of 100 foil wrapped tablets in 10 strips of 10, imprinted "Imuran K7A". *Wellcome Foundation Ltd, Crewe Hall, Crewe, Cheshire.*

Spectralgen distributor: Spectralgen is now distributed by *Pharmacia Ltd, Pharmacia House, Midsummer Boulevard, Milton Keynes.*



No, but Cushioncare™ can.

For two reasons.

Firstly, as you can see above, it's much larger than your average plaster.

Which makes it a convenient alternative to plasters and bandages.

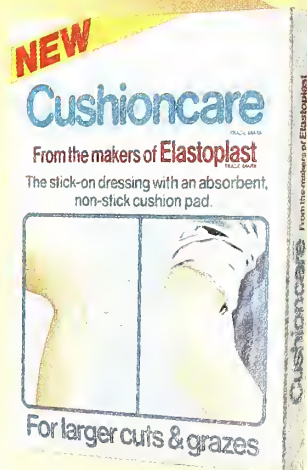
Secondly, as you can't see above, it has a comfortable cushion pad of highly absorbent non-stick MELOLIN™ surrounded by a very sticky low allergy adhesive material called YPAFIX™.

So it gives greater protection than your average plaster.

And, with the national consumer campaign about to break in February, plus the fact that it's from the makers of Elastoplast™, you'll now be able to recommend Cushioncare™ with confidence for those larger cuts and grazes.

Until recently a product like Cushioncare was only available in hospitals, now it's also in pharmacies.

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KEEP ALL MEDICINES OUT OF THE

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in a sugar base, flavoured with menthol, o

If Dequacaine stronger, you be able to se

Dequacaine is a new remedy for severe sore throats.

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microbial agent specifically recommended for the treatment of sore throats.

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This formulation is unique, complete and effective.

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OF CHILDREN



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or and peppermint oil



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can make is to see a doctor.

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FAST, EFFECTIVE RELIEF
FOR SEVERE SORE THROATS

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- Combats Bacterial Infection
- Soothes Irritation

More weaknesses to watch out for

In his last article Eric Jensen looked at seven types of pharmacy to be considered with particular care when thinking of buying. Here he continues the list.

8. The pharmacy which has prospered as a result of unusually arduous conditions. The closest examination of the staffing and salaries is essential here. Where a business opening at unsocial times is dependent on family for staffing a buyer could be left to find new help at short notice — and it could be costly to attract replacements.

The profit produced by a business should be related not only to capital and time required, but also to the kind of time. One could expect time outside usual opening hours to be more highly rewarded, and it is important to check that profit and loss accounts reflect this.

Overall working conditions are another factor to be considered when assessing future profitability. A new owner coming in frequently gives staff the incentive to seek improvements and this could mean higher salaries, alterations to premises, and so on. Where access to stock rooms is difficult, for example, considerable outlay may be needed. A seller might feel impelled to do something. In the long run this would very likely bring financial rewards, but short term it could strain resources.

It should be borne in mind by any buyer that the type of pharmacy discussed here could be difficult to dispose of.

9. Security of tenure. The pharmacy with only a short time remaining on the lease presents special hazards as do plans for redevelopment involving demolition. There is a mass of legislation governing the relationship between landlord and tenant. A prospective buyer should be familiar with the broad outlines of the 1954 Landlord and Tenant Act.

10. The pharmacy with an unusual gross margin. Gross margins are in some ways more revealing than net figures, and more readily checked. Some vary within the control of a proprietor, others as the result of legislation or the actions of suppliers.

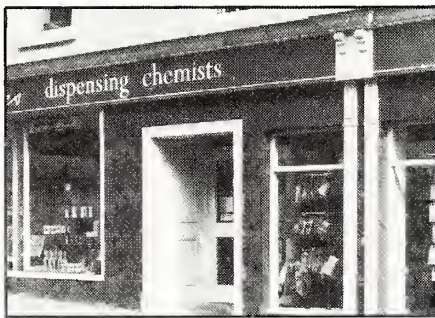
Where margins are substantially different from the norm or have been inconsistent over the years, they must be scrutinised. A study of NHS records and the mix of OTC sales would provide a fairly close percentage for comparison with what is shown in the accounts. Explanations should be sought for unusually high as well as unusually low margins.

The possibility of unusual gross margins tends to be greater for multiple pharmacies

than single businesses. If purchase of a branch shop is considered, there are additional questions to be asked. Has the benefit of bulk buying been passed on to the branch? How have inter-branch transfers of stock been dealt with? Are there individual accounts for each branch?

12. The pharmacy where audited accounts and stock figures are not available. Without accurate stock figures for each accounting period no reliance can be placed on gross profit. It follows that net profits are equally suspect.

A pharmacy lacking formal accounts and professional stock valuations could still be a good business. A would-be buyer should be concerned with the future rather than the past. Provided there is access to bankings, purchase invoices, NHS records and the business cheque book, considerable information can be gained. Nevertheless, because of the higher risk inherent in taking over without full data, one would look for a lower goodwill figure than in the case of a concern with verified documentation.



13. The pharmacy with an especially onerous lease or freehold. Even where property is not old it is prudent to have a survey. A full-repair and decorating lease can be extremely costly, and with any lease it is imperative that a tenant knows what his commitments are and what fixtures and fittings belong to the landlord. A schedule of conditions should be drawn up so that at the end of the tenancy there will be no dispute.

When considering restrictive covenants in a lease the prospective tenant should look ahead. A restriction might not be relevant immediately, but could hamper plans for diversification in the years ahead. It should not be thought that purchase of a freehold leaves a buyer free from all restraints.

In addition to control of usage in the

power of local authorities and other bodies there might be covenants in the deeds. The guidance of a solicitor is necessary, but a buyer should supplement this with his specialist knowledge of the practice of pharmacy, the law, ethics, and other aspects of general practice pharmacy. The maximum freedom of action in using property, on lease or freehold, should therefore be sought.

14. Premises not allowing for expansion. If a special counselling area is to be set aside so the public can enjoy privacy, this means existing space will have to be reallocated or new space found, unless facilities are already in being. Linked with this is the recommendation that a 24-hour pharmaceutical service be provided. Premises suitable for today's norm of practice might not be adaptable to the future and a 24-hour service could call for sleeping quarters if the arrangement were for an "on-call" duty, and for the provision of catering on the premises.

15. Extra-pharmaceutical developments. A prudent buyer should look at trends outside the profession. If big stores continue the trend towards out of town superstores it could mean that what are at present excellent sites for private pharmacies become much less desirable.

Decision taking

Many pharmacists looking for their own business are affected by stages of indecision when coming near the critical point of finally committing themselves.

There should be full written agreement as to the relationship, powers and responsibilities of the parties. The views of wife, husband and family should be given weight.

As an absolute minimum one should define in advance where the pharmacy is to be, what type is wanted, and how much can be paid.

☐ It must be accepted that buying or starting a pharmacy involves risk. Risk should be related to the assets available and to the likely profit.

☐ A buyer will never find in any business everything he wants. Requirements should therefore be divided into essentials, what is desirable but not essential, and what would be regarded as a bonus.

☐ Beware of any recurring commitment or liability of unknown amount. A particular source of trouble can be a guarantee to stand security for another person. If a limited company is formed, with a bank loan to the company, the bank will often ask for personal guarantees from the directors, and this could effectively mean that the protection of limited liability is lost. Full realisation of the financial obligations of any deal is imperative if a decision is to be arrived at with a clear mind.

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- Built on the established name of Benylin, your No.1 choice for cough relief.

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Legal duty to give drug advice with supply

A legal duty exists for a pharmacist to give advice and information when supplying drugs, whether on prescription or at the direct request of a patient.

A judge expressed this new and highly controversial opinion to a recent regional conference of pharmacists. He said failure, either total or partial, on the part of the pharmacist to carry out such a duty could render him liable for damages, as he would not have carried out his obligation during the contract of sale, which is governed by civil law.

If a patient did not wish for advice, the pharmacist should cover himself against subsequent legal processes by obtaining a written declaration from the patient stating

that he accepted full responsibility for his use of the supplied product. The burden of proof of dereliction of duty would rest with the patient, but the pharmacist would not be able to pass the responsibility back to the prescribing doctor, the manufacturer (via the package insert) or to generally publicised information. Furthermore, in the judge's view, experience of cases in which doctors have been summoned has shown that judgments tend to be in favour of the patient.

The practical aspects and implications of a pharmacist informing a customer (who might not be the actual patient) of the effects and side effects of every product supplied were some of the points raised in the initial reaction to the judge's paper.

Drugs and the aged

The German weekly magazine *Der Spiegel* recently described the facts uncovered by a supposedly secret study concerning the prescribing of drugs in pensioners as evidence of "therapeutic stupidity".

Pensioners, who comprise one-fifth of the medically insured population, consume one half of all the expenditure on drugs. According to *Der Spiegel* (who somehow obtained a copy of the report which was prepared for the government by a group of pharmacologists and doctors) too many, too expensive and above all, downright dangerous medicaments are being prescribed for this section of the population.

Drugs which are claimed to increase cerebral blood flow were the target for particularly heavy criticism in the report, but over-prescribing of heart drugs, some combination analgesics, diabetic drugs and hypnotics was also deplored. One renal specialist described the addition of vitamins to analgesic preparations as a load of nonsense, while another expressed himself mystified as to why his colleagues prescribed Lexotan in preference to the five-times cheaper diazepam.

The authors of the report allegedly thought that the drugs laws needed tightening up to prevent drugs of dubious efficacy ever coming onto the market. All this provided *Der Spiegel* with yet more ammunition in its campaign against the

pharmaceutical companies.

Had the magazine been present at a meeting organised by the Germany Chemical Society, doubtless the allegation discussed there that 60 per cent of all drugs on the German market are ineffective, would have received wide coverage. Government action was once again called for by one speaker at the meeting, who considered that attempts by the Drugs Commission of the German Medical Association, and by the authors of textbooks to curb the prescribing of certain preparations on grounds of inadequately proven efficacy, had failed.

No care for caries

Despite the fact that in 1982, the cost of treating dental caries in Germany was DM14,000m. Berlin is the only city currently discussing the pros and cons of fluoridation of the water supply.

First signs are that the opponents of the scheme, who describe it as compulsory medication, will win the argument. In an exercise in democracy, Berliners are being sent leaflets listing the points in favour and against fluoridation and are asked to return an attached postcard stating their views.

The actual cost of equipping the city's water plants for fluoridation has been calculated as about one fiftieth of the bill for caries prophylaxis.

300



Animal slogans ban

A court has upheld a complaint by the advertising standards authority concerning the use of advertising slogans, such as "Cosmetics without animal experiments" and "Beauty without Cruelty", by a marketing company of the English firm which uses the second slogan as its name.

The authority alleged that the claims were misleading because according to current regulations, all colourants and other excipients used in cosmetics must have been examined for possible toxicity in animal experiments. In fact the substances used in the preparations in question were all long-established ingredients which had indeed been tested in animals, though many years ago and probably by other firms or agencies.

It was wrong, said the court judgment, to imply that competitors were still undertaking animal experiments with products of the same type, as actually none were necessary because the ingredients had been on the list of approved substances for several years.

300



Slimming cocktail

An amazing prescription which originated in Belgium has been presented for dispensing by overweight and probably desperate patients to several pharmacists.

The script calls for capsules containing a powdered mixture of thyroid extract, dried pituitary of hypothalamus and pancreas, aloes and rhubarb, fenfluramine, metformin, diuretics, barbiturates, dihydroergotamine and various homoeopathic substances!

The Belgian doctor who first concocted this formula has recently moved from Ghent across the border into Aachen and attracts busloads of patients eager to obtain a prescription of this apparently highly effective remedy during the course of a rapid five minute consultation. Two German doctors, who had been asked for such a prescription by some of their patients, modified the formula slightly and began the highly lucrative business of issuing scripts for the "wonder slimming drug", only to be rapidly admonished by the Dusseldorf medical authorities.

Chemist & Druggist 10 November 1984

Any pharmacist receiving such a prescription is being advised to contact the prescriber. If the script is not then withdrawn, the pharmacist is urged to inform the Pharmaceutical Commission in Frankfurt, who will pass on the information in strict confidence to the relevant professional bodies.

300



French on the pill?

The French take more drugs per head than any other industrialised European country according to a report from the Association of German Pharmaceutical Industry.

Some 2,129 tablets or other dosage forms are used per year by the average Frenchman, compared to 1,004 in Germany. Belgium, Spain, Great Britain and Switzerland take 30-13 per cent more than the Germans, while only the Italians (13 per cent less) and the Austrians (23 per cent less) appear to use medicines less frequently.

Over half the German population take drugs rarely, if at all, but a quarter admit to taking them relatively often. Top in the under 45s are cold and flu remedies, analgesics, preparations for cardiovascular complaints and laxatives. In the older age range, the pattern shifts to drugs for symptoms of bodily wear and tear, or the so-called diseases of civilisation.

300



Skin care spotlight

Stiftung Warentest has made another foray into the pharmaceutical field (C&D, September 1, p370), but this time the results are less likely to ruffle pharmacists' feathers.

Twenty-one all-purpose skin creams and lotions were subjected to consumer and laboratory tests. The overall assessment was that Nivea creme, CD and Avon creams, Pond's lotion, Nivea milk, Sebamed lotion and CD lotion were very good, Palmolive and Sebamed creams and Vichy lotion were good, and Pond's cream and Palmolive lotion were satisfactory. Consumers were advised to try the cheaper products.

These reports come from a correspondent with acknowledgements to the German pharmaceutical Press: *Deutsche Apotheker Zeitung* and *Pharmazeutische Zeitung*.

New HAIRCARE PRODUCTS

Regularly Introduced

Lady Jayne means the very latest in hair fashion styles. All packaged in eye-catching pastel colours, that harmonise perfectly, to create in-store excitement.

Available in five colours



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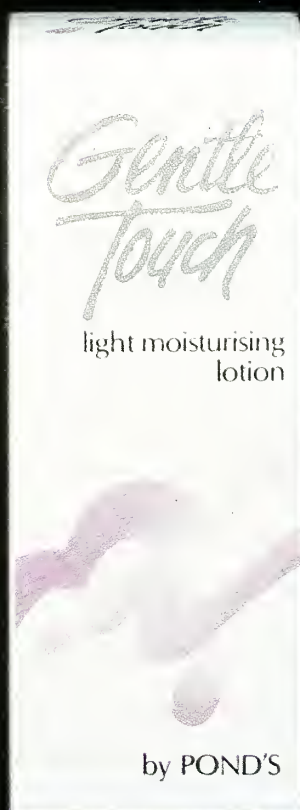
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A product with the right consistency and balance between effective cleansing and kindness to the skin. IT WAS PREFERRED BY 75% OVER THEIR NORMAL BRAND.



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Specially formulated for young skins. It tones and refreshes skin without being harsh.



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FOAMING FACE WASH
A product developed to meet the needs of young women who like the foaming cleansing action of soap but don't like its drying effects.

NEW

Gentle Touch

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A no-nonsense regime of four lotions for the younger woman, designed to compete in the fast growing toiletry skincare market. Research showed Gentle Touch has wide appeal and product preference over the competition.

Gentle Touch comes complete with the skincare heritage and reassurance of the Pond's name.

£3.25m

NATIONAL SUPPORT PROGRAMME



NATIONAL TV ADVERTISING.

A £2.5m. national TV campaign starts in November, using both ITV and Channel 4.



WOMEN'S MAGAZINE ADVERTISING.

Full page and double page advertisements will appear in all the major publications throughout the year.



NATIONAL PROMOTIONS.

Four million 10p coupons and a sample sachet programme will gain trial in the launch period.



NATIONAL PR. CAMPAIGN.

An extensive PR campaign will publicise the benefits of a Gentle Touch skincare regime and help generate initial trial.

TV.

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Gentle Touch

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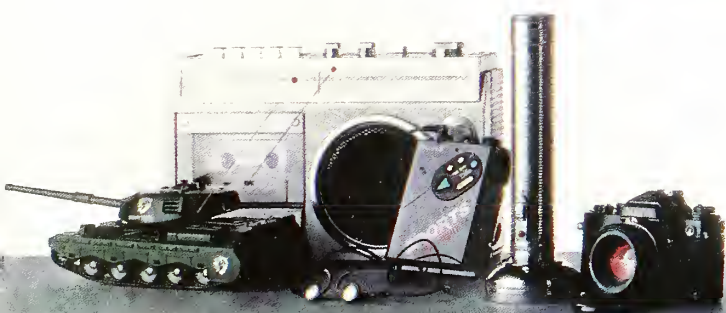
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Our unique no-quibble leakproof guarantee presents your customers with the biggest news in batteries since the launch of alkaline.

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Our first television burst proved so successful, that we have brought forward our second campaign to start w/c 29th October. Already Varta has become a household name and people are talking about our leakproof guarantee.

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ISN'T IT SMARTER TO STOCK VARTA



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REPRESENTATIVE TO CALL, PHONE BARRY WELLS ON (0293) 517631.

Reprimand after staff disobedience

A Walsall pharmacist complained to the Pharmaceutical Society's Statutory Committee recently that he had had to pay a £500 penalty because his staff refused to obey orders.

Mr William Pritchard, told the Committee that staff had ignored his strict instructions forbidding them to dispense Pharmacy only medicines in his absence. One assistant sold a Pharmacy medicine to a Pharmaceutical Society inspector. As a result, Walsall Magistrates fined him £300 with £200 costs last November after he pleaded guilty to three charges of supplying medicines without the supervision of a qualified pharmacist.

The Committee delivered a formal reprimand as a result of these proceedings.

Mr Josselyn Hill, for the Society, said that an assistant at the shop in Leamore, had sold Voganin tablets and Doan's

backache pills to an inspector who made a test purchase last year.

The inspector then discovered that this transaction and the dispensing earlier that morning of two prescriptions had been done in the absence of Mr Pritchard. Mr Pritchard arrived at 9.35am and told the inspector he was ill. The inspector had previously told him he was unhappy with his late arrival in the mornings, and he would be "tested" at some future occasion.

Mr Pritchard told the Committee that at the time he was suffering from glandular fever and his wife was recovering from an operation. He was late in arriving at the shop because he was taking his children to school. He had no reason to suppose that his staff were flouting his instructions not to supply Pharmacy medicines in his absence. He had been a pharmacist for 28 years with a previously unblemished record, and would ensure the offence never happened again.

Committee chairman Sir Carl Aarvold said Mr Pritchard's failure to fulfill his responsibilities as a pharmacist had been undermined by illness. There was no evidence his actions had caused injury, damage or danger to the public.

Absent minded dispensing

A "slip of the memory" by a pharmacist's wife led to her husband appearing before Statutory Committee recently.

Mrs Maisie Keophaithool told the Committee that she "forgot" her husband was not looking over her shoulder when she dispensed two prescriptions for Pharmacy-only medicines. He had left her at their pharmacy at Cosham, near Portsmouth, to look after three of their children suffering from flu.

This "unfortunate lapse" resulted in her appearing at Portsmouth Magistrates Court in July 1983, when she was fined £200 with £50 costs after pleading guilty to supplying medicines without the supervision of a pharmacist.

Maundbourne Ltd — she and her husband are the only shareholders — was fined £200, with £50 costs, after pleading

guilty to supplying the medicines without the supervision of a qualified pharmacist.

The Committee decided to take no further action against the company or Mr Somboon Keophaithool, its secretary and superindentent pharmacist.

The Statutory Committee chairman, Sir Carl Aarvold, said the Committee had been impressed by the integrity of the couple and the frank and straight-forward way they had dealt with their questions.

Mrs Keophaithool said she realised she should not have dispensed prescriptions while her husband was away. "This was just an unfortunate slip of the memory."

Mr Keophaithool said his wife had dispensed medicines under his supervision since 1971. He had instructed her never to dispense medicines in his absence. The court appearance, with fines, costs and legal fees, had been a salutary lesson. It was the first offence in the 14 years they had been in business and would never be repeated. He had moved his business, and was now operating from a pharmacy in Wayte Street, Cosham.

Budget priced Park 500

Park Systems have added a low cost prescription labeller to their range. Costing £595 (trade), the unit offers most of the features of its big brothers, it is claimed.

The System 500 is based on the Amstrad CPC 464 64k micro computer, linked to an Epsom RX80 printer. The computer has an inbuilt cassette, separate numeric keypad and a green monitor. The system runs off just one plug.

The program will support 750 drugs complete with any two dosage warning codes. These can be produced automatically and suppressed at the time of printing if required. Drug names, dose codes and warnings can all be user amended or deleted. The program offers an electronic re-order memo, with printed recall if desired.

The 500 is warranted for 90 days and a service contract is available for £95 pa.

A competition is being arranged for all purchasers who buy the system in the launch period from November 3-26. The names will be placed in a draw, to be made by a member of Liverpool football team. The winner will have the cost of purchase refunded.

The introduction of the system was as a result of the recognition that a large proportion of the profession just required a simple computer labeller that was easy to use and reliable, say *Park Systems Ltd, 17 Gascoyne Street, Liverpool L3 6BS.*

■ A Register of Pharmacy Premises for Northern Ireland for 1984 has been published (£5.85). It includes a list of pharmacists registered in the Province, the register of students, a list of superintendents of bodies corporate, and the register of premises. *HMSO, 80 Chichester Street, Belfast BT1 4JY.*

■ Companies importing from the EEC toiletry or perfumery spirits containing denatured ethanol now qualify for automatic excise duty relief, providing the goods are marked with n-propanol. Where there is no denaturing requirement in the exporting state, UK standards will apply.

Ethyl Alcohol (S.V.R.)

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Pharmacists not ready to extend role

Pharmacists are not yet ready to extend their patient counselling role to cope with the expected increase in self-medication. At least that is how former Minister of Health, Sir Gerard Vaughan, sees the situation. Indeed there are doubts that the boom in the OTC market is actually happening. Volume sales of OTCs are at best static but probably declining. As a drug manufacturer's representative commented the increase in OTC sales may well just be in the minds of market research organisations and companies intent on moving into the OTC area. Those and other doubts were expressed in London, last week at a seminar "Prescription to OTC — is there really a trend?"

Sir Gerard Vaughan said pharmacists' skills are under-used. Pharmacists offer the health service a chance to save money if they are used as health consultants to a greater extent — "and the pharmacists' Charter is a bold and timely first step". But he doubted whether the time was quite right for the role extension to take place. The pharmacist is not always fully informed. He is not always able to examine the patient, sometimes not even able to talk to the patient, and it is very easy to misinterpret symptoms, Sir Gerard said.

However, there is a climate for change and change there will certainly be, he added. There are huge pressures for economy within the NHS. That means improvements in management and more community services. The drug bill is particularly attractive to the political mind, Sir Gerard said. All parties are looking at generic prescribing, and alternative medicine, as well as new roles for health professionals, particularly GPs and pharmacists, are being considered: "Now is the time for pharmacists to try and follow up the Charter. There will probably be change and pharmacists need to make themselves ready."

Mr Alan Smith, Pharmaceutical Services Negotiating Committee chief executive, re-iterated the need for economy, agreeing that pharmacists are under-used especially in advising GPs what to prescribe. He also saw increased patient participation in health care, saying that about £200m turnover per year could be switched from NHS to private sector: in 1983 of the £1.2bn of prescriptions dispensed 20 per cent were for OTC medicine, he said.

However, for this change to self-treatment to occur it is essential that information is made available to the public. The role of the pharmacist cannot

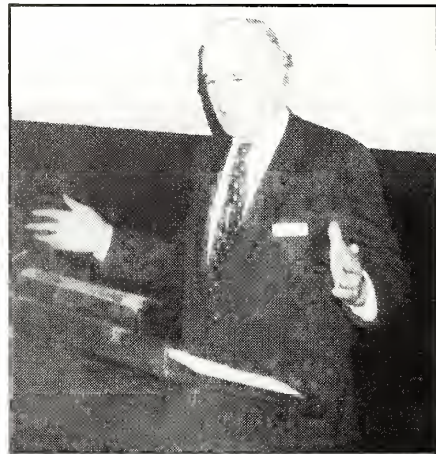
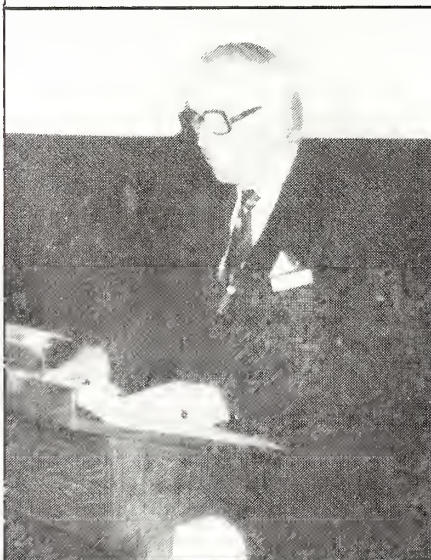
be overstated, Mr Smith said. But it is not a new role — pharmacists are simply regaining their advisory role for minor ailments.

Mr Smith reminded the conference that before the NHS it was the lower socio-economic groups which consulted pharmacists, visiting their doctor only if it was necessary. After the NHS was formed, however, the trend was to go to the doctor because it was free. Nowadays it is the upper socio-economic groups who use pharmacies, mainly because they do not want to wait several days for an appointment with their GP.

Other countries have different methods of encouraging OTC rather than prescription supply. In Holland for example, there is a negative list for medicines which are not reimbursed if prescribed. Australia has a limited list of about 1,000 products which may be prescribed; quantities are also limited.

A move to OTC sales will mean an

Mr Alan Smith: Pharmacists skills are under used



Sir Gerard Vaughan: Pharmacists not yet ready for extended role

increase in original pack dispensing. This will be another advantage to the patient. Information "on pack" is very important as the purchaser may not be the ultimate user, Mr Smith said. Savings could also be made by industry itself, particularly where price differentials between proprietary drugs and generics were large (more than 100 per cent). If just 11 such medicines were generically substituted, Mr Smith claimed £30m could be saved.

Mr Smith stressed he was not anti-industry but the halcyon days had gone and it was the excesses which must be curbed. It was preferable to plan ahead and make some economies than to have solutions such as those applied in Holland, Australia and Germany.

Optimism that self-medication was on the increase and that the OTC market was expanding was not shared by Mr Alan Walker, UK regional marketing director for Parke-Davis Research Laboratories.

In 1984 OTC medicine sales through all outlets were worth around £350m, a drop of some 4 per cent since 1979, Mr Walker said. The market is highly segmented — split into about 10 categories, ranging from analgesics (worth about £80m) and vitamins and tonics (£50m) to indigestion remedies (£30m) oral hygiene (£15m) and laxatives (£10m). Five years ago de-regulation seemed to offer a major opportunity in the OTC market, but time and time again pharmaceutical companies find it is not the low-spend, high-return golden escape from the NHS that it first seemed to be, he said.

For a pharmaceutical company the OTC market offers a particularly difficult profit trap, Mr Walker warned. To be viable the OTC business must be more profitable than the prescription business. People are very conservative about choices of OTC products and are often not prepared to vary from a tried and tested brand. In constant price real value terms Mr Walker estimated that medicated confectionery sales have dropped 38 per cent from 1979 to 1984, and cold remedies 30 per cent. Interestingly, vitamins and

continued on p853

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continued from p850
tonics have risen by 74 per cent.

An average household spends only £4 a year on analgesics at the top end and about £0.50 on laxatives at the bottom end, so compared to other consumer markets these are tiny, he said. "The market, whatever the potential, is currently small and companies entering the UK OTC market have to be prepared, at the moment, to hold a portfolio with a large number of fairly small brands."

Mr Walker believed only new markets offer new growth for OTC medicines. Launches of de-regulated products such as ibuprofen probably do not expand the market, and as this product has shown, a high media spend is needed to persuade the consumer to switch brands. Since the launch of ibuprofen there has been a 55 per cent increase in advertising but only a 3 per cent increase in volume sales of analgesics, Mr Walker said.

He was critical of some companies' communication through trade advertising and on-pack communications to the consumer. "If POM to P is the trend then we have to communicate with the public clearly and effectively." In his view Cymalon from Sterling Health was a product that succeeded in this where others had failed. The patient insert leaflet conveys information effectively, as did warnings and advice on the pack, he said. Similarly pharmacists must be kept well informed and he thought there was a case for medical representatives calling on them.

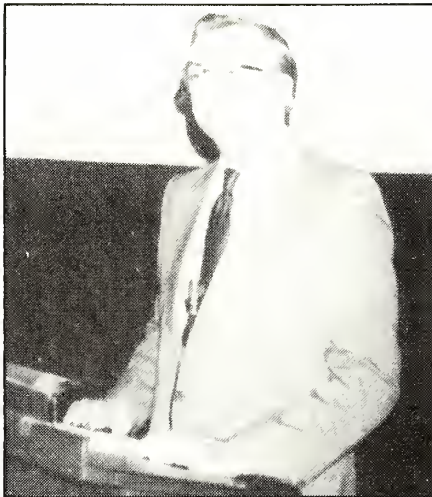
An area which may offer growth and which was as yet unexplored was a move from GSL to P, Mr Walker said. There could be growth potential in herbal and homeopathic preparations. What was needed was some clinical evidence for claims made for these products.

In contrast negative lists, such as those in Germany, would not boost OTC sales — if anything they result in a loss, Mr Walker said.

Therefore campaigns for OTCs need to be based on novel drugs or new indications for old ones, and an investment in clinical work.

Mr Alan Hadfield, a pharmacy manager from Stockport agreed that there had been no dramatic moves in the OTC market, and any movement that there might be had only recently started. He welcomed the change of products from POM to P, but on the condition that it should apply when the indication is self-limiting, or for minor illnesses that are clearly understood by the pharmacist and when the product had been tried and tested in that indication.

He also wondered whether the standard of training for many pharmacists



Mr Alan Hadfield: OTC market not moving dramatically yet

came up to that required to fulfil a patient counselling role. The Pharmaceutical Society's Code of Ethics required pharmacists to keep up to date. Mr Hadfield believed that the Society should take a lead in this and that participation in continuing education should be made compulsory and should be rewarded.

Industry too has a part to play, Mr Hadfield said. All too often drug company representatives forestall when asked for technical information about products using old chestnuts such as "you'll have read about this" or "you know more about this than me" or "as a chemist you will understand these things".

Stasis in the OTC market was caused by two factors, Mr Hadfield believed. Firstly increased public awareness about medicines extends to problems associated with drugs. Secondly because there is only a limited amount of money available for self-medication, some is directed to prevention of illness rather than its treatment. But it may be, said Mr Hadfield, that the wrong kind of insurance is being bought. He referred particularly to the trend for swallowing more and more vitamins, trace elements and the like. The worrying trend was that more and more people seem to go to their health food shop where "health" and not "illness" is for sale. "Until pharmacy can afford the number of pharmacists needed to counsel its patients, and the necessary privacy in which to do

Mr John Wells: The time is right for change



so, it will be unable to do justice to its professional image and the opportunities presented to it."

While there is a good deal of "nonsense prescribing" from doctors themselves, **Dr Jack Norell**, a London GP, wondered whether pharmacists as part tradesmen, would not be even more prone to patient pressure if given a free choice in the medicines they could recommend and sell over the counter.

Dr Norell saw all sorts of problems in an extended primary health care role for pharmacists, and urged caution. "Doctors themselves have had trouble enough", he said, "why should pharmacists find it any easier?"

There is scope for more OTCs but people must be better informed, he said. Where the pharmacist could prove invaluable was in advising the doctor. There are often times when doctors are "saved by timely and discreet intervention by pharmacists". Up to now that had been on an informal basis, but it may become a formal procedure, Dr Norell said.

The OTC market can be described as "mature" — in other words growth is very difficult because people are already taking medicines and are happy with them. But, said **Mr John Wells**, director of the Proprietary Association of Great Britain, the time is right for change. It will not be dramatic, but he believed there would be a careful move to a greater reliance on self-medication and non-prescription medicines chosen by the patient rather than chosen for him or her by the doctor.

Mr Wells saw three ways in which the change could occur. Firstly with the introduction of new drugs for new indications. For example, low strength topical hydrocortisone in the US gave consumers a product with new indications previously unavailable from other OTC products. Secondly changes in legislation, particularly the Medicines Act, will have to take place before any real change in medicine usage happens, he said.

Nowadays the public are better informed — articles in womens' magazines and the like describe conditions which very often the law says should not be treated by patients themselves, Mr Wells said: "Similarly it is very difficult to sell a fungicide for vaginal thrush when it is labelled for use in athlete's foot." And the third method is to encourage people to self-medicate.

This was best summed up, Mr Wells said, by a Kent GP who said: "I work with one partner and we care for some 9,000 patients — about twice the national average. We can only do that by encouraging self-care and self-medication."

Dr Swanton elected president of PSNI

The new president of the Pharmaceutical Society of Northern Ireland is Dr John Gillman Swanton.

Dr Swanton is the first academic to hold the office of president and was elected at the October Council meeting. Mr Derek Corbett was elected vice-president of the Society and Mr G.E. McIlhagger was re-elected honorary treasurer.

Proposing Dr Swanton's election, retiring president Mr McGlaughlin said that he had been a very conscientious vice-president, and he was sure that he would have a successful year as president. Mr G.E. McIlhagger seconded the proposal which was passed unanimously.

Dr Swanton then proposed Mr Derek Corbett as vice-president. He said that Mr

Corbett was already well known throughout the Province and that he looked forward to having him as his deputy. The proposal was seconded by Mr McGlaughlin and passed unanimously.

On the proposal of Mr Corbett seconded by Mr Dillon, Mr G.E. McIlhagger was re-elected treasurer.

Messrs Goldblatt & Co were appointed auditors and Messrs Cleaver Fulton & Rankin, solicitors to the Society.

The secretary reported that he had received a quantity of the "green cross" logo window stickers for supply to any interested pharmacists.

On the motion of Mr J.H. Galbraith, seconded by Mr T.I.O'Rourke, the following persons were approved for registration as pharmaceutical chemists in Northern Ireland under the reciprocal agreement which exists between the

Pharmaceutical Societies of Great Britain and Northern Ireland. Charles McShane, 52 Warren Road, Donaghadee, co Down. Susan Mary Fogarty, 54 Green Road, Knock, Belfast.

On the motion of Mr R.H. Clarke, seconded by Mr J. Kerr it was agreed that the name of William Gilkinson, 40 Woodland Walk, Limarady, co Londonderry should be restored to the Register.

The following applications for registration as students were granted on the motion of Mrs C. Watson, seconded by Mr Galbraith:

Colette Bernadette Murphy, Park Hall, Mowbray Road, Sunderland.
Andrew Robert Nixon, The Manse, Bessbrook, Newry, co Down.
Gillian Mary McWilliams, "Coolmara" 27 Mowhan Road, Markethill, Armagh.

Mr R.G. Dillon proposed that Mr Justin Padraic Beagn should be co-opted as a member of Council to replace Mr S. Moore who had decided not to stand for re-election. The motion was seconded by

continued on p856

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continued from p854

Mrs C.B.A. Watson and approved unanimously.

At the recent annual meeting, the question was asked if the *C&D* article which was headed "Health centre pharmacies recommended to Nuffield" reflected Council policy. The Council, after examining the original submission and the *C&D* report, concluded that the report was quite accurate and did not give the impression implied by the questioner.

Mr O'Rourke agreed to pass on a copy of the relevant part of the submission to Mr Cooper who had raised the question.

The president

The new PSNI president, Dr John Gillman Swanton, has been a member of Council for six years.

Dr Swanton was educated at the Methodist College, Belfast, and at Queen's University, Belfast, graduating in 1960. He joined the staff at the department of pharmacy at the Belfast College of

Technology and, following a postgraduate study year at Edinburgh University, he returned to Belfast to organise and develop the teaching of pharmacology to pharmacy students.

On the establishment of the new pharmacy department within Queen's University in 1971 he was appointed lecturer and head of the pharmacology section, and was promoted to a senior lectureship in 1975.

He was awarded the degree of Doctor of Philosophy in 1972 for studies on the influence of hypoxia on the responses of the cardiovascular system to drugs used in the treatment of asthma.

Dr Swanton has been keenly interested in the development of continuing education for pharmacists, and has been an active contributor to a variety of evening lectures and short course programmes. He has served on a number of pharmaceutical committees.

■ In August, chemists and appliance suppliers in Northern Ireland dispensed 1,046,589 prescriptions (643,860 forms) at a gross cost of £5,227,341.98 with an average cost of £4.99 each.

HEALTH CENTRE NEWS

The East Cumbria Health Authority plans to develop the Kirkby Stephen Health Centre.

Mersey RHA is seeking permission for a health clinic at Hope Farm Rd, Ellesmere Port, Merseyside.

Extensions and alterations are planned at Uppermill Health Centre at Smithy Lane, Uppermill, for **Oldham Health Authority**.

The Darlington District Health Authority may build two health centres, one of which would possibly be at Middleton-in-Teesdale, and one in the Evenwood area of Darlington.

Earlsheaton and Ravensthorpe are to have new health centres. The Dewsbury Health Centre should start building in mid-1985, perhaps near the bus station, but a site has not yet been fixed.



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Most pharmacists 'give good advice'

Community pharmacists generally respond well to patients' requests for advice, according to Alison Morley, a postgraduate course organiser at the University of Aston in Birmingham.

She has carried out research which showed that community pharmacists responded promptly and enthusiastically and dealt with a high percentage of requests for advice.

While most were able to elicit appropriate information from patients on which to base treatment decisions, not all pharmacists had this skill, and Miss Morley suggested that training should be included at undergraduate level. There was also a need for appropriate training for counter assistants.

Miss Morley, who has won the newly created May and Baker Community Pharmacy Award, presented her paper on "How pharmacists respond to symptoms" at a meeting on Sunday in London. The following is an extract.

The first part of the research involved a long-term study of self-medication in six carefully-chosen pharmacies in Birmingham. These pharmacies were visited last Summer, when all OTC medicine requests and requests for advice were recorded. The visits will be repeated every three months. Using this small group of pharmacies, it is hoped to build up a picture of the types of queries about symptoms which patients present, how requests for advice change seasonally, and how they vary as a proportion of overall medicines sales.

A total of 12 visits were made to the six pharmacies, at different times of day and on different days of the week. The results show that: 33 per cent of all medicines sales were advised sales, that is, 1 in 3 people who went into a pharmacy to buy a medicine requested advice about their symptoms. This figure is similar to that obtained by Phelan and Jepson in their 1977 survey.

The average number of people who requested advice about their symptoms was 18 per day and pharmacists were involved in dealing with 58 per cent of these queries. Previous surveys have found that between 10 and 25 people request advice per day. Most requests were for advice on skin conditions (25.5 per cent) followed by diarrhoea (14.5 per cent) and coughs/colds/flu (12.7 per cent).

The average cost of medicines recommended was £0.98 — well below the current prescription charge of £1.60. At a gross margin of £0.30 or less, this surely could not be regarded as a high profit incentive!

The results demonstrate that nationally, the number of people requesting advice is potentially huge, in the region of 198,000 queries per day.

To examine exactly how pharmacists and their counter assistants dealt with queries about symptoms, four carefully-trained researchers — two of whom were pharmacists — made 123 visits to a random sample of 85 community pharmacies, and presented two sets of symptoms for advice. In half the visits, the pharmacist was asked for, and in the other half, the query was directed to the counter assistant.

The first set of symptoms was "red eyes" in a 6 year old who was not present in the shop. The second symptom was "twisted knee" in a patient who wondered if Nurofen might help, having seen the product advertised. The patient was sensitive to aspirin.

The researchers made 68 requests for advice about the eye symptoms and 55 about the muscular symptoms. The pharmacist was asked for in 58 cases and the query directed to the counter assistant in 65 cases. However, pharmacists were involved in dealing with 96 (78 per cent) of the 123 requests for advice.

An OTC product was recommended on 55 occasions and the patient was referred directly to a GP on 10. All OTC products were considered appropriate.

In 20 cases the counter assistant dealt with the query without any reference to the pharmacist.

In five of these cases no questions were asked about the symptoms. Assistants asked fewer and less appropriate questions than pharmacists, and might therefore not be able to differentiate between minor and more serious symptoms. If counter assistants are to deal with patients' symptoms, they should receive at least a basic training so that they are aware of appropriate questions to ask and have a policy of referring queries to the pharmacist when needed. There can be little objection to counter assistants dealing with some requests for advice, as long as they are properly trained and supervised.

Most, but not all, pharmacists in this



Pharmacist Alison Morley is winner of the May & Baker Community Pharmacy Award for 1984. Last year she won the C&D Award for best presentation in the BP Conference pharmacy practice research session. Educated at the University of Bradford, she also received several prizes during her training.

study would have been able to distinguish symptoms which were potentially serious, so the training of pharmacists must also be examined. Some way must be found of ensuring that all receive the same basic training in response to symptoms.

For the "twisted knee" symptoms the pharmacist was asked for on 28 of the 55 occasions and seen on 26. Although the query was directed to the counter assistant in 27 cases, the query was dealt with solely by the assistant in only 8 cases.

Nurofen was recommended without any advice about possible sensitivity reactions in 27 cases and in all cases where the assistant dealt with the query alone.

One in two "patients" was not made aware of the possibility that a patient who was allergic to aspirin might also be allergic to ibuprofen, despite the fact that the problem had been discussed in the pharmaceutical Press on several occasions, so the question of up-dating practising pharmacists must be considered.

This study showed that pharmacists are well-motivated to perform their advisory role, and do so with enthusiasm. 78 per cent of all requests for advice were dealt with by pharmacists, although only 49 per cent of the requests were initially addressed to the pharmacist. On almost all occasions when they were asked for, pharmacists made themselves readily available. The average waiting time to see the pharmacist was 30 seconds.

On the whole, pharmacists did not seem to be easily recognisable. About half wore white coats, and only 14 per cent wore name badges.

The majority of pharmacists in this study were rated as having a "good" or "very good" attitude, and only twice did the pharmacist seem way reluctant or irritated.

Pharmacies may lose out with new PML rules

Pharmacists will have thrown away their birthright on two counts if new legislation governing the sale and supply of Merchants' List (PML) products is passed by the Government: pharmacists will no longer need to supervise sales of potent veterinary medicines and will, by virtue of a code of practice linked to the pending Statutory Instrument, have to keep records of sales of such medicines.

The new SI, which is yet to be approved by Parliament, and the code of practice for merchants selling PML products were discussed at a British Distributors of Animal Medicines Association conference in Stratford-upon-Avon, last weekend.

Mr Charles Stevens, BDAM legal adviser and chairman of the Pharmaceutical Society's agricultural and veterinary committee, said that pharmacists would be obliged to follow the merchant's code of practice because the Society's Code of Ethics says: "A pharmacist should be aware of and comply with accepted codes of practice relevant to his field of practice."

If passed the new SI would not require direct supervision of sales of animal health products. But the code of practice, which embodies the SI and more, would require that a so called nominated person, merely be reasonably available at premises where PML products are sold or supplied.

Pharmacists and veterinary surgeons automatically qualify as "nominated persons." In the case of other merchants



Mr Charles Stevens: Pharmacists could lose birthright

selling animal medicines the nominated person can be someone with either three or more years' experience in selling animal medicines since 1978 (the "grandfather clause") or someone who has successfully completed a course of instruction and examination recognised by the Animal Health Trades Association Group. A list of nominated persons is to be maintained by



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AHTAG itself.

If passed the new SI will require the Pharmaceutical Society to keep a register of merchants selling PML products. The Society would also be empowered to enforce the new regulations through its inspectorate.

Thus the Society with ministerial approval may refuse to retain or remove from the register, the name of any merchant who fails to comply with the code of practice or supplies products from unsuitable premises.

Because they are to be registered with the Society merchants would theoretically be entitled to erect a sign saying 'registered with the Pharmaceutical Society.' But Mr Stevens advised against that since it may be argued that such a merchant was trying to give the impression he was a pharmacist.

Self service of PML products, which is prohibited, would be defined more clearly in the new SI as "any method which allows the purchaser to help himself on or before payment."

Mr Stevens explained that under the new SI a person who may buy PML products would need to maintain animals only as part of his or her business activity. Thus a stockbroker who kept chickens and sold the eggs could buy a veterinary drug, he said. That represented a major change from the old SI which required that a substantial part of the business was maintaining animals.

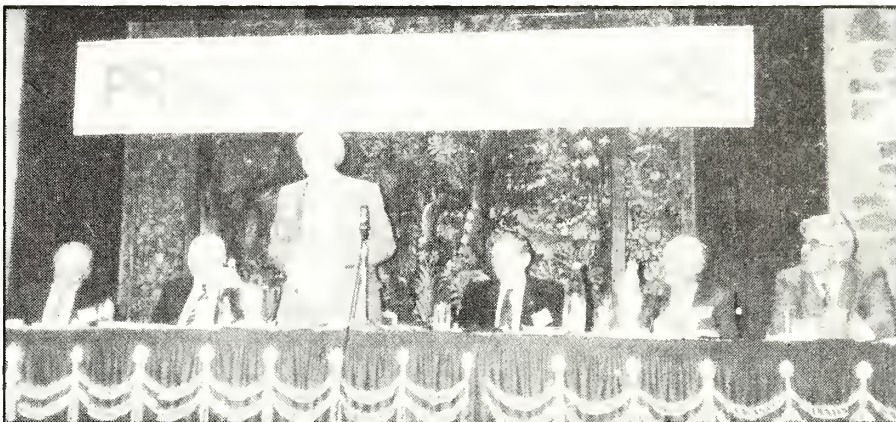
As far as contractors undertaking work for farmers were concerned the consensus of opinion at the conference was that the safest means of supply would be to sell product to the farmer, as the contractor would not have the animals under his care, he would not be maintaining them. However, Mr Michael Munro, BDAM's chief executive, said the Association would take advice on the matter and give an official statement through the Association newsletter.

As for records Mr Stevens said that the law would probably require that the name and address of the purchaser be recorded. This had been a major stumbling block, Mr Stevens said, and a final decision has yet to be made by the Ministry. The enforcing authority also wanted the purchaser's occupation to be noted. But in Mr Stevens' opinion a merchant could not be prosecuted under the law for not recording the occupation.

The records would have to be kept for two years. Details of how they should be kept would be dealt with in the code of practice.

There would be a temporary provision for sale of horse wormers by saddlers to persons who own horses or ponies. The provision would last for three years.

Chemist & Druggist 10 November 1984



Speakers and chairman Mr G.T. Baxter, managing director Central Wool Growers (standing) at the BDAM Conference in Stratford-upon-Avon last week.

Big with interest worldwide

Veterinary products manufacturers should be more than just makers, packers or product licence holders: they should be large, dedicated to animal health with worldwide interests and a considerable input into research and development, according to Mr Peter Bowen, technical services manager UK operations Cooper Animal Health.

He said that the worldwide market for veterinary medicines and animal health products was worth about £58 billion of which 32 per cent was in the American domestic market. In contrast the UK market was worth only £125m — 0.25 per cent of the world total. And the market has not grown in real terms for some ten years although there were signs that it is

beginning to do so now, he added. Distributors have about 58 per cent of the UK market ie about £73m.

Mr Bowen believed that manufacturers and wholesalers had an important part to play in offering information and help merchants.

One of the delegates asked Mr Bowen whether it would be appropriate for company representatives to take an AHTAG course for nominated persons to improve their all round knowledge. Mr Bowen said that if a representative was good then he should have all the necessary information available. However, it may be that wholesalers' or manufacturers' representatives should be listed as nominated persons so they could move into in other areas of the trade if they so wished.

Mr Harry Woodhead of Woodhead & Lowe said that manufacturers ought to think in terms of smaller packs since breaking bulk was not allowed under the code of practice.

Follow the code

Mr Charles Shillito, AHTAG chairman, gave details of the code of practice which would cover premises, personnel, sale and supply, storage and training and education. It is to be published at the same time as the new SI, by the Ministry of Agriculture, Fisheries and Food.

Under the section on sale and supply the code will require that records be kept in a readily retrievable form: either a book, a file or a computer data base. These must be kept on the premises where the veterinary drugs are being sold and retained for two years. In the case of a market stall three months' records should be available on the premises, the rest could be kept at the headquarters to avoid having to carry two years' records back and forth.

The records should include the data, name and address of the purchaser, name and quantity of the product and the

pharmaceutical name, form and strength if not apparent from the name.

The same section would require that product is sold only in its original container. There would be no provision for broken bulk. Mr Stevens had commented earlier that again pharmacists had thrown away birthright.

The code also dealt with storage, handling spillages and would require that the temperature of areas where vaccines and sera are stored be recorded daily.

Staff should be trained when recruited and at regular intervals thereafter on the code of practice and the products they handle.

Mr Shillito stressed that it was vitally important that merchants adhere to the code of practice, which would be reviewed in a year's time, to ensure it succeeded. There is an EEC directive on distribution of medicinal products which, although not yet adopted by the European Commission, could be used to end the Merchants' List concept and Mr Shillito believed that there were several European countries who would want to do just that.



Alan Smith, PSNC chief executive, addresses the 20-strong audience at the RPA annual meeting. Seated are John Davies (left) secretary, and chairman Mervyn Madge (centre)

Pharmacists warned over rural laxity and abuses

One third of local pharmaceutical committees do not pay into the Clothier compensation fund. Outline consent is being abused by doctors and FPCs. If the dispensing subcommittee does not work efficiently then the Rural Dispensing Committee is far less effective than it ought to be. These points were made by Alan Smith, Pharmaceutical Services Negotiating Committee chief executive, to the Rural Pharmacists Association meeting at Swindon on Sunday.

The dispensing subcommittee has a number of functions, one being to deal with local transfers of patients between lists. Patients can be transferred without reference to the Rural Dispensing Committee if the move is from one dispensing list to another, if the patient has never been listed, or has changed address. There is also the serious difficulty provision.

Rurality decisions are made at local level, he said. The RDC only acts as an appeal court, and it is important the right decision is made locally. Situations that can give rise to rurality decisions are applications from LPCs, LMCs and FPCs for redesignation.

"You won't get many from LMCs, but there should be some from LPCs," said Mr Smith. "There are places designated rural in character where more houses are growing than crops." It may end up that extensions are given to the one mile area, but it is important to look for these areas where pharmacy could gain, he said.

When a pharmacist wants to open in a rural area he can either go through the RDC or look to get the area redesignated as urban. "Some of the cases we have seen at the RDC would have been better done the second way," said Mr Smith (who is also

a pharmacist member of the RDC).

However there is not a lot of point in having a place designated urban unless pharmacy is prepared to offer the service in these areas. "The lay members of the RDC have to protect the patients' interests. If pharmacists do not provide a quality of service it can rebound in later applications. A long term benefit to the patient has to be shown."

If investigated rurality is an area of great gain, Mr Smith said. If the homework is done correctly the chances of an application being refused at RDC level are much less. But there is a five year moratorium once an area has been looked at. In two FPC areas a blanket decision to maintain a rural situation has lost a large number of patients for pharmacy for five years.

The dispensing subcommittee is also responsible for monitoring dispensing lists. FPCs cannot refuse to allow examination of the lists on the grounds of confidentiality.

One of the best ways of combatting doctor dispensing was to offer a good, fast service. Mr Smith suggested writing to GPs offering them an emergency box to take with them on their home visits, containing what they thought necessary. The letter could also offer emergency call

out and collection and delivery.

"In my business, with 32 doctors, I was called out on average twice a month. If the GPs later apply to dispense you have got a copy of a letter giving the service you offer. If you do that before the application it is better than doing it after and can safeguard your present business."

The criticism that pharmacists are only prepared to offer a service where it is profitable and convenient was one that was made with monotonous regularity at the RDC, Mr Smith said.

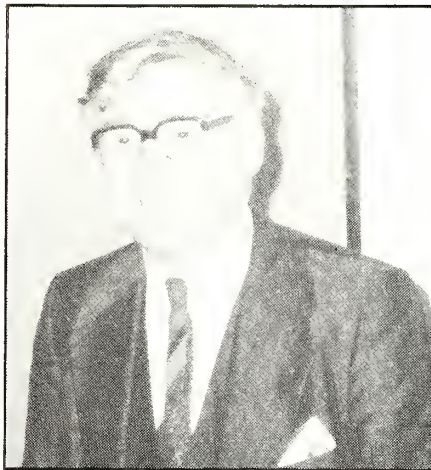
"Outline consent in my opinion is now being used wrongly," said Mr Smith. "Administrative procedures in certain FPCs have been lax and there has been no monitoring, or even existence, of dispensing or prescribing lists. FPCs had 28 days to tidy up their lists when the regulations came in. We are now having applications to the RDC for vast areas — sometimes whole counties — to tidy up dispensing lists. Often only small numbers of patients are involved and it is difficult to say whether it is adversely going to affect the pharmaceutical service.

"The thing that is unfair about this, is that by means of a tidying up exercise it does allow doctors to push a controlled locality up to the one mile limit, and more importantly it sterilises an area for five years. Outline consent on a tidying up basis should be refused in future."

The Secretary of State has yet to overturn a decision of the RDC on appeal, but the RDC cannot reach the right decision unless it is provided with sufficient information from local bodies, such as LPCs. You are trying to make a good impression on lay members, who often hold the casting vote, and you cannot do so if the submission is not up to standard, Mr Smith said. Submissions must be typewritten.

One third of LPCs do not pay into the compensation fund. "I hope you will be shocked and surprised. This is something for pharmacy, even if it is of no benefit to that LPC. The compensation side is important although it is not strictly part of the RDC procedures," Mr Smith said. When an RDC decision is made it is at the expense of one party — the loser is likely to work in a spirit of co-operation if there is some compensation.

In the foreseeable future Mr Smith said he could not see all dispensing being done by the pharmacist, although that was the ideal. "If that premise is correct let us start looking at areas where we could co-operate." In large dispensing practices filling more than 1,000 scripts a month a pharmacist could be employed, he suggested. The fact that one profession works for another is not morally or ethically wrong, it was being realistic and



Pharmaceutical Society Council member Douglas Davidson (above) addressed the 20-strong meeting on rural pharmacy in Scotland. Scottish pharmacists started negotiating from a position of strength when the health service was set up in 1948 — they already did most of the dispensing, he said. Because Scottish GPs hold stock forms there is no rota service requirement this is one difference between Scotland and the rest of the country. There is also no basic practice allowance. Mobile pharmacies are not the panacea for dispensing doctors, he warned. They may be given permission to run in rural areas, but they must not abuse their rule in taking business from High Streets.

Call to support rural cause

Pharmacists are wrong to accept that Clothier has brought the ultimate in the settlement of disputes over who should supply medicines to rural patients. Rural Pharmacists Association secretary John Davies told the meeting.

The new dispensing doctor association has pointed to the need for a regional structure of rural pharmacists based on far more active participation by local members. "Such a set up requires rural pharmacists everywhere to realise the dangers that exist in allowing their case to wither by default," he said.

The RPA is diverted from its task of highlighting the dangers to the profession because it has to spend considerable effort in cudgelling rural pharmacists for support — 130 pharmacists are either late with their subscriptions or have no intention of paying, said Mr Davies.

would help to kill off old prejudices.

Medical practices had 70 per cent of the wages of their first ancillary staff paid for them. The pharmacist could monitor repeat prescriptions or even act as a practice manager, Mr Smith said, and there was nothing to stop the pharmacy stocking OTC lines. It would save the NHS money in some cases. It would also mean the premises was open for inspection and registration.

£500 survey grant

A grant of £500 has been made to Keith Jenkins from the RPA fighting fund to finance a survey on the distribution of medicines in rural areas.

Questionnaires are being sent out under code numbers to ensure confidentiality to pharmacists and doctors, Mr Jenkins said. "We can expect no change in our situation unless the cost to the Government and hence to the taxpayer of doctor dispensing is accurately determined," he said.

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Paying a cold penalty: pt 2

Stephen Chaplin, staff pharmacist at the Northern Regional Drug Information Unit, Royal Victoria Hospital, Newcastle upon Tyne, continues his review of adverse reactions and interactions encountered with cough and cold formulations (Pt 1, C&D Nov 3).

The therapeutic rationale for the inclusion of antihistamines in CCRs is not clear: the common cold does not produce symptoms via histamine-mediated pathways. Their probable beneficial effect is to produce sedation when the product is taken at night. However, many CCRs are also taken during the day, and sedation in this context is both unwelcome and potentially dangerous. Although all containers carry the appropriate warnings, it is not widely appreciated how long these drugs remain in the body. Brompheniramine, for example, has a serum half-life of about 25 hours; this means that, following a single dose, it takes more than five days to eliminate the drug from the body completely, although its effects will not be obvious for this period.

After repeated doses, drug levels accumulate and sedation is increased. There is also considerable variability in the rates at which different people inactivate antihistamines — the half-life of triprolidine has been found to range between 1.5 and 20 hours — and therefore while one individual may experience only transient effects, another may suffer prolonged sedation.

Antihistamines may also cause a variety of other adverse effects, including mild hypotension, tachycardia, dry mouth, difficulty in micturition, and nightmares; promethazine may also cause photosensitivity.

Cough suppressants

Cough suppressants used in CCRs are usually related to the opiates and act centrally. They are occasionally found combined with a mucolytic or expectorant, a mixture which is pharmacologically illogical and which could even produce some degree of nausea due to the swallowed mucus.

Codeine is the most effective antitussive of this group, and is usually used in doses of 10-20mg four to six hourly. This dose is also effective in causing constipation, and contributes to the sedation caused by antihistamines given concomitantly. High doses, especially in children, may depress respiration and at least one case of near death has been reported, in which a three-

month-old baby received only twice the recommended dose but was admitted to hospital semi-comatose and with Cheyne-Stokes breathing.

Noscapine is also an opium alkaloid, but has much less pronounced effects on the CNS than codeine; similarly, synthetic opioid analogues such as pholcodine and dextromethorphan are thought not to have marked CNS depressant activity, though large doses are likely to cause sedation. A further advantage of these synthetic drugs is their lack of analgesic activity and dependence liability, but the incidence of minor adverse effects associated with their use has not been clearly established.

Expectorants and mucolytics

Compared with the sympathomimetics and antihistamines present in CCRs, the adverse reactions due to this group of salts and volatile oils are virtually impossible to detect (if they occur at all). When given alone in large doses, each may cause nausea, vomiting, and abdominal pain, but such doses are far greater than those found in CCRs.

Drug interactions with CCRs

As so many drugs are used in CCRs, it is not possible to include here an exhaustive list of drug interactions, many of which are significant clinically. Pharmacists should check each potential interaction separately, using up-to-date reference books and their local drug information unit (telephone numbers are in the *British National Formulary*).

CNS depression: Any CNS depressant given with a CCR containing an antihistamine, an opiate, or an imidazoline, is likely to increase their potential to cause drowsiness and inco-ordination. Alcohol poses a particular threat since it may be consumed sporadically and in large doses, resulting in an unexpectedly profound CNS depression.

Sustained-release (SR) formulations: SR formulations, which usually contain a higher dose of active drug than conventional formulations, rely on normal gastrointestinal motility to release their contents slowly during their passage through the gut. Any drug which markedly reduces gut motility,

eg codeine, or anti-diarrhoeal drugs such as loperamide, may cause the contents of an SR capsule to be released in one place. When normal motility resumes, very high doses of the drug may be absorbed rapidly, causing severe adverse effects.

This problem applies in two contexts with CCRs; first, codeine-containing CCRs may cause constipation; second, sustained-release CCRs may be adversely affected by other medication affecting the gastrointestinal tract.

Anticonvulsants: Chlorpheniramine has been reported to inhibit the metabolism of phenytoin, causing marked elevations in plasma phenytoin levels. Phenothiazines (though not specifically promethazine) may increase or reduce phenytoin levels, perhaps by competition for hepatic metabolism. Although there are few reports of this kind, it seems likely that some people with epilepsy are susceptible to the effects of interactions with other drugs undergoing hepatic metabolism, and particular caution must be exercised when such people take CCRs.

Antidepressants: Phenothiazine and tricyclic antidepressant blood levels are increased when the two groups are given concomitantly. For a person receiving imipramine who is given a CCR with, for example, promethazine, this could increase sedation and peripheral anticholinergic effects, most significantly those affecting the heart. The pressor and arrhythmogenic effects of phenylephrine may be enhanced by tricyclic antidepressants.

Antihypertensive drugs: Phenothiazines may increase the blood levels of β -blockers, such as propranolol, which undergo substantial first-pass metabolism; decrease the efficacy of guanethidine and methyldopa; and enhance the effects of clonidine. The effects of phenylephrine, but not the indirectly-acting phenylamines, may be enhanced by guanethidine but apparently not by methyldopa.

Monoamine oxidase inhibitors (MAOIs): MAOIs not only inactivate the enzyme responsible for degradation of the neurotransmitter noradrenaline in the brain, but also in the gut wall, the sympathetic nervous system, and in the liver. Sympathomimetics which are indirectly acting (including imidazolines, phenylpropanolamine, ephedrine and pseudoephedrine), may therefore precipitate a hypertensive crisis by displacing noradrenaline from nerve endings. Although phenylephrine acts directly on adrenoceptors, it normally undergoes extensive pre-systemic and first-pass metabolism by monoamine oxidase, and people taking MAOIs will therefore absorb a much greater dose. Phenylephrine is an ingredient of oral CCRs and nasal decongestants, and adverse interactions may occur with both.

Indomethacin: A single case has been reported of the development of severe hypertension in a woman taking phenylpropanolamine (as an anorectic) who took 25mg of indomethacin. The proposed mechanism of this interaction involved the inhibition by indomethacin of the synthesis of prostaglandins involved in maintaining vasodilatation. This, combined with the vasoconstrictor activity of phenylpropanolamine, was sufficient to provoke widespread vasoconstriction and therefore hypertension. Similar reactions with other anti-inflammatory drugs, which act by inhibiting prostaglandin synthesis, have not been reported, and the general significance of this case is not clear.

Significance of adverse reactions

It is a truism that not everybody will suffer adverse effects when taking CCRs, but it is likely that mild cardiovascular effects (eg tachycardia and elevated blood pressure) and CNS effects (agitation and nervousness) will develop at doses which provide effective relief of symptoms. A brief medical history is

therefore essential, since people with hypertension, coronary disease and hyperthyroidism are at special risk of severe adverse effects; diabetics are at risk not only from the effects of sympathomimetics, but also from the sugar content of some liquid formulations. A drug history should exclude concurrent or recent MAOI therapy, and indicate caution when any other drugs, particularly antihypertensives or psychotropics, are taken. In such people, an antipyretic such as aspirin or paracetamol, and a day in bed, may be a wiser course of action.

Special care is required in counter-prescribing CCRs for children and the elderly. Both groups run a higher risk of adverse effects but are often most in need of symptomatic relief.

Emphasise to the parents that deviation from the recommended dose will not improve efficacy but will increase the risks of adverse effects; the possible development of nightmares or hallucinations must be explained, since they may not otherwise be aware of the cause of these symptoms.

Although many paediatric formulations

of CCRs are available, extemporaneous dilution gives greater dose flexibility; the resulting limited shelf-life of the product will help ensure that the CCR is not hoarded and subsequently used inappropriately.

The elderly are particularly prone to adverse effects on blood pressure, and this age group is also the largest single consumer of drugs; CCRs should therefore be recommended in the lowest dose possible initially, increasing it gradually if required.

Finally, are topical decongestants better than systemic CCRs? This depends on factors such as the patient's job — a sedative is contraindicated for a taxi driver — and the presenting symptoms. However, it is sensible to emphasise that both types should be used for the shortest time possible. Cold symptoms rarely last more than three or four days, and CCRs should be used only to ameliorate those symptoms which interfere with work or sleep rather than vague "chesty" or "heady" symptoms.

This article is based on "Adverse reactions to sympathomimetics in cough and cold remedies," by the author in Adverse Drug Reaction Bulletin 1984, No 107:396-99.

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Government consults on wage payment laws

The Government is proposing to change the law governing the deductions employers can make from pay packets. It is seeking views on whether stoppages to make up for cash or stock shortages should be either banned altogether; or only be deducted at a rate of 10 per cent of the wages due in each pay period.

These are among several recently published proposals for a substantial change in the law on the payment of wages. The Government announced in July its intention to repeal the Truck Acts 1831-1940, the Payment of Wages Act 1960 and other related legislation in order to facilitate the trend towards cashless pay.

At the same time it announced that there would be further consultations on new statutory protections against deductions from pay for all employees — not just manual workers alone.

The statutory provisions giving manual workers the right to be paid in cash, guaranteeing them the freedom to dispose of their wages as they see fit and prohibiting payment in kind, would all be repealed as being no longer necessary. None of these provisions has ever extended to non-manual workers, and there is widespread support for their repeal.

Given the wide variety of ways in which

non-cash payments can be made, the Government has concluded that the method of wage payment to manual workers need no longer be constrained by statute and can be determined by employers and their employees.

Repeal would not affect the right of employees to sue their employer on a claim that their contractual obligations were not being fulfilled. The Government is ready to re-establish protections for freedom to dispose of wages and against payments in kind if it becomes evident that their repeal had engendered abuse.

The Government is inviting views on new proposals for a special protection in respect of deductions relating solely to stock and cash deficiencies. These are: — (a) to make all deductions for cash and stock deficiencies unlawful so that an employee could, if necessary, apply to a Tribunal to order the payment of any amount so deducted; or (b) deductions would be permissible but subject to a statutory limit on the proportion of wages which could be deducted in any pay period. While deductions could be made in successive pay periods in no one pay period could deduction exceed 10 per cent of the gross pay due.

Comments on the proposals should be made by February 7, 1985, to *Department of Employment, IRD, Room 317, Caxton House, Tothill Street, London SW1H 9NF*.

Sangers boosted by subsidiaries

Sangers interim results returned to profit this year with pre-tax figure of £228,000 against a loss of £157,000 for the same period last year.

The improvement in financial performance is a result of significant profit increases from both major subsidiaries — Sangers Photographic and Solidyne — the company says. Sales for the six months to August 31 remained at a similar level, £16.89m against £17.04m last year. Earnings per share are 0.8p — the directors do not propose to recommend a dividend.

Sangers shares were suspended on September 27 pending the announcement of a major US acquisition, a budget cosmetics company (*C&D* October 6, p644). A detailed circular is being prepared for distribution to shareholders.

Trends in US drug stores

Drug store sales in the US rose by one tenth last year to reach \$39.7 billion.

Part of the increase can be attributed to the rising cost of prescriptions and part from "real" growth, says the "Neilsen Review of Retail Drug Store Trends 1984." Chain drug store sales increased by 11 per cent during 1983 and now account for 57.4 per cent of total drug store sales. A chain is defined as four or more stores under common ownership. Independents' sales grew by 8 per cent to \$16.9 billion.

The strongest growth has come from chain drug stores with a selling area of 10,000-15,000 sq ft. Smaller stores are no longer accounting for the same level of sales enjoyed in 1978. The very large stores have also declined slightly in importance.

Sales of the total Neilsen 49 health and beauty aid categories achieved 6 per cent real growth in 1983 in drug, food and mass merchandiser stores combined. While drug outlet real sales increased by 1 per cent over 1982, food stores increased unit sales by 7 per cent while mass merchandisers realised a 12 per cent increase, says the review.

Within drug stores the strongest category growth came from internal medicines, up 3 per cent on a unit basis and 12 per cent on a dollar basis. Men's products and oral hygiene also enjoyed strong growth.



The Onward Group of Pharmaceutical Distributors held their recent annual conference at Llangollen, North Wales. The meeting included a visit to CP Pharmaceuticals at Wrexham where the group were able to inspect the sterile manufacturing unit, and preview the new liquid production suite which is about to be commissioned. Representatives from Beasdale Ltd, F. Maltby & Sons Ltd, of E.H. Butler & Sons, T.A. Ward & Co, Richard Daniel & Son, Ridley (Wholesale Chemists), Ayrton Saunders & Co, Grimwade, Ridley & Co, and Fisons are pictured.

CBS cash & carry re-opens

London cash & carry CBS is re-opening on November 11. A new company, Monopure Ltd, have bought various of the assets and the trading name.

The stock profile of the cash & carry has been changed to cater for more specifically for chemists and drug stores, says a company spokesman. The food lines and the hardware have been discontinued and a range of toiletries, chemists sundries and OTC goods are now to be stocked.

The unit will be open six days a week — Monday to Wednesday 8.30am to 6pm. Thursday 8.30am to 8pm, Friday 8.30am to 2pm, Saturday closed and Sunday 8am to 4pm. Customers will be accepted on a strictly trade basis, and those holding accounts with the old cash & carry will be able to continue to use them.

CBS was closed down after its owners,

Clarkes Stores (London) Ltd, went into receivership. New owners Monopure are backed by investors such as Legal & General, Scottish Investment Trust, Robert Flemming and Noble Grossart.

CBS is at the same premises at Garman Road, Tottenham N17 0QN.

Cash injection for polymers

A sum of £250,000 is to be injected into Polysystems Ltd by the British Technology Group (BTG) and the University of Strathclyde. The new company is to develop hydrophilic and other polymers for the controlled delivery of drugs.

Polysystems' expertise derives from work done at the University of Strathclyde by Professor Neil Graham, (a major shareholder in the company who will act as part-time technical director).

Polysystems will be working with

biodegradable and non-biodegradable polymers. The active ingredient is trapped physically within the polymer matrix which, when wetted, releases the medication in a controlled manner.

BTG has already entered into agreements for Professor Graham's university team to supply trial material to 16 companies. Final negotiations on a number of research contracts for major pharmaceutical companies are now at an advanced stage.

Funds will be provided through a combination of ordinary shareholdings and convertible loan stock to produce a tripartite ownership between BTG, Strathclyde University and Professor Graham, who are contributing, respectively, £190,000, £57,000 and £15,000. The company is to move into premises on the Clydebank Business Park.

Mr Gavin Hearn, presently non-executive chairman of Abbott UK, and a director of Abbot France, has been appointed chairman. Dr Tom Zealley, with previous experience in ICI's plastic division, becomes chief executive.



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Chemist & Druggist 10 November 1984



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Share shows promise

Just over a week after Share Drug Stores' flotation on the Unlisted Securities Market shares have levelled off at about 188p each and "well ahead of expectations", chairman and managing director Mr Alan Prince told C&D.

On Monday October 29, 1,800,000 ordinary shares were issued at an initial value of 140p each. (*C&D*, October 20, p742). The news is good for the company which plans to open four more stores before Christmas in Eastbourne, Ramsgate, Letchworth and Marlow. The Eastleigh store is being re-located. "And we hope to open at least another 11 in our financial year to August 1985", Mr Prince told *C&D*.

Share already have 50 stores located mainly in the South of England.

Laporte buy into chemical company

Laporte Industries (Holdings) plc have acquired a 75 per cent share in Fine Organics Ltd, a privately held company specialising in organic chemical intermediates for the pharmaceutical and agrochemical industries.

The consideration amounts to £4.05m, satisfied by a cash payment of £3.68m and the balance by an issue of ordinary shares. Laporte have agreed to acquire the remaining 25 per cent shareholding in 1990 for a further cash sum.

Fine Organics have 85 employees located in Peterlee, co Durham, and Middlesbrough. Dr John Hollowood, managing director, and Mr Alistair Anderson, operations director, who retain the 25 per cent shareholding, will continue to run the company.

Currys fight back

Currys, fighting off a takeover bid from Dixons, have issued a formal defence document which shows profits for the year to October 24 up 66 per cent on last year at £29.5m.

The defence rests on Currys' "growth orientated electrical retailing, a well managed and high quality property portfolio" and a strategy to increase shop

floor selling space by over 40 per cent in the next two years.

Commenting on the defence document, Mr Stanley Kalms, Dixons chairman, said it was weak and confusing. Currys achieved a totally misleading valuation by double counting through adding two different ways of valuing the same business, he said.

Dixons have announced that by early December it will have opened, extended or resited 17 stores within three months and ahead of the pre-Christmas period. This figure includes seven new stores, three extensions and seven resites. Forty new shops, including resites, are planned for the current financial year.

CTPA interprets...

Guidelines on the interpretation and application of the Cosmetic Products (Safety) Regulations 1984 have been published by the Cosmetic Toiletry & Perfumery Association.

The Regulations, introduced in August, replace the Cosmetic Product Regulations 1978. The CTPA guide (34 pages) also includes a report on the current state of the EEC Cosmetics Directive. Cost £10 for members, £30 for non-members from CTPA, 35 Dover Street, London W1X 3RA.

The Association of the British Pharmaceutical Industry has launched a training film on Good Manufacturing Practice called "You'll soon feel better?". It fulfils the need for a modern film to assist trainers in the pharmaceutical industry in instilling in their workers a positive attitude to GMP, says the ABPI.

Roussel Laboratories Ltd and Cassenne are relocating. Trade and technical inquiries should be directed to: Roussel Laboratories Ltd, Broadwater Park, North Orbital Road, Uxbridge, Middlesex UB9 5HP. (Tel: Uxbridge 834343); and Cassenne, Broadwater Park, North Orbital Road, Uxbridge, Middlesex UB9 5HP. (Tel: Uxbridge 834499).

Imperial Chemical Industries: A special tablets facility is to be built at the Macclesfield works, for the pharmaceuticals division. It will be in a two storey building costing £4m and due for completion in last quarter of next year.

Unichem have produced a brochure covering their range of services. "Your lifeline," is being sent to members and other independents.

Appleford Ltd have moved to 325 Oldfield Lane North, Greenford, Middlesex.

Monday, November 12

Plymouth Branch, Pharmaceutical Society, board room, Derriford Hospital, at 8pm. Mrs Marion Rawlings, member of Council, on "Current pharmaceutical affairs."

Southampton Branch, Pharmaceutical Society, Hambledon Vineyard, at 7.30pm. Joint meeting with British Dental Association on "History of Hambledon Vineyards." Buffet and wine. Tickets £15.

Tuesday, November 13

Lanarkshire Branch, Pharmaceutical Society, Strathaven Suite, Garrison Hotel, Mary Street, Motherwell, at 8pm. Meeting to discuss motions for branch representatives.

North Metropolitan Branch, Pharmaceutical Society, School of Pharmacy, Brunswick Square, W1, at 7.30pm. Dr Peter Rees, clinical research scientist, Wellcome Foundation on "Acyclovir — a new generation antiviral."

Wednesday, November 14

Epsom Branch, Pharmaceutical Society, Bradbury Postgraduate Medical Centre, Epsom District Hospital (2nd floor) at 7.45pm. Mr Potter, Wellcome Foundation, on "Herpes — treatment and possible cures."

Dumfries and Galloway Branch Pharmaceutical Society, Royal Infirmary at 7.30pm. Mr J. R. Jamieson, administrator of the prescription pricing division of the Scottish Health Service.

Wirral Branch, Pharmaceutical Society, Kings Gap Court Hotel, Hoylake, at 8pm. Autumn dance and buffet, ticket £5.75.

Slough Branch, Pharmaceutical Society, Wexham Park Hospital, Slough, at 7.30pm. Dr Mackie on 'Leukaemias.' Joint meeting with Guild of Hospital Pharmacists. Buffet supper.

Thursday, November 15

Bath Branch, Pharmaceutical Society, school of pharmacy, Bath University, at 8pm. Miss Edith Webb, director of community nursing on "The community nursing service and its interaction with the professions allied to medicine."

South West Metropolitan Branch, Pharmaceutical Society, St George's Hospital Medical School SW17, at 7.30pm. Mr D. Sharpe, PSNC chairman, on "The new contract."

Royal Society of Chemistry, analytical division, University of Strathclyde, Thomas Graham Building, Cathedral Street, at 4pm. Mr E. Houghton on "The history and development of drug screening in the sport of horse racing."

Manchester, Salford Branch, National Pharmaceutical Association, the board room, Prestwich Hospital, Manchester, at 8pm. Annual meeting.

Bedfordshire Branch, Pharmaceutical Society, Bird-in-Hand, Henlow Camp Crossroads, at 8pm. Mr D. Cousins, dental practitioner in Luton, on "Current aspects of dental pain and preventive dentistry."

Friday, November 16

Leeds Branch, Pharmaceutical Society, The Mansion House. Annual Dinner.

Hull Pharmacists' Association, postgraduate centre, Hull Royal Infirmary, at 7.45pm. Mr G. Mussared on "Birds of prey."

Sunday, November 18

Welsh Committee for Postgraduate Pharmaceutical Education, postgraduate centre, Ysbyty Glan Clwyd, Bodelwyddan, Clwyd, at 10.30am. Study day on "Cardiovascular therapy." Information from Dr D.J. Bailey, Welsh School of Pharmacy, UWIST, PO Box 13, Cardiff CF1 3XF (tel: 0222 399273).

Blackpool Branch, Pharmaceutical Society, Blackpool Victoria Hospital, at 10am. Study day in "Clinical pharmacy." Cost is £3.50 including lunch. Information from Miss L. I. Anderson, Secretary, 156 Normoss Road, Newton Drive, Blackpool.

Advance information

United Kingdom Clinical Pharmacy Association, postgraduate medical centre, Whitchurch Hospital, Cardiff, December 5. Workshop on "Drug literature evaluation" for pharmacists wishing to improve their ability to critically assess clinical, scientific and commercial drug literature. Fee is £15 for member, (£25 for non-member). Information from Mr Mike Spencer, principal pharmacist, drug information centre, University Hospital of Wales, Heath Park, Cardiff (tel 0222 755944).

Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN, December 18, at 7.45pm. Professor E. Stahl, University of the Saarland, Saarbrücken on "25 Years of progress in the technique of thin-layer chromatography." Tickets from R. E. Marshall department of pharmaceutical sciences, at the above address.

Chemist & Druggist 10 November 1984

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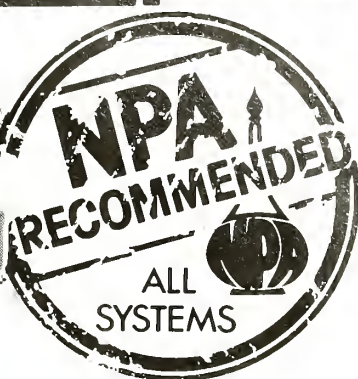
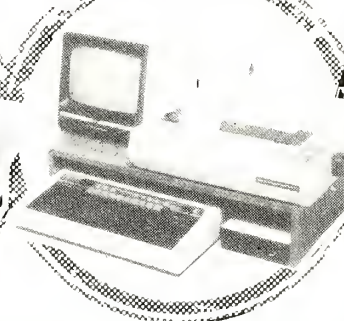
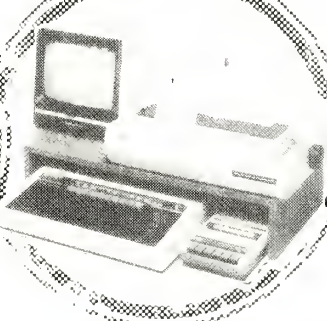
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Award to look at compliance

Mrs Kay Roberts, MPS, MCPP, of Harrow, Middlesex, is winner of the May and Baker Community Pharmacy Award for 1985.

She will research her paper — "To improve compliance of patients who appear from existing patient records to be unable to manage their medications" — during the coming year and will present the results at a meeting in November 1985 (see picture right).

Mrs Roberts trained at Sunderland Polytechnic and Middlesbrough General Hospital and has worked at Barnet General, Finchley Memorial and Watford General Hospitals. Since October 1983 she has managed a branch of a small independent pharmacy chain.

Mrs Roberts is currently chairman, Harrow and Hillingdon Branch, Pharmaceutical Society, and a member of the committee of the Royal Society of Health's pharmaceutical group. She is the liaison officer — business, commercial, professional — Harrow in Europe Association (the local town twinning association) and secretary, Harrow Group Against Misuse of Solvents, a new organisation which aims to help solvent abusers and their families.

She has two children and her interests are foreign languages (she speaks French and some Italian), literature, listening to Radio Four and Vintage motoring (as a passenger).

World patents on 'cold cure'?

A cold cure claimed to be effective and safe could make a young biochemistry student from Winnipeg, Canada, rich.

Miss Heather Peniuk has international patents pending on a remedy. She decided to develop the product when she contracted a cold before a poetry competition seven years ago, at the age of 13, says a report in the *Globe and Mail* recently. Although she cannot describe the remedy because it may prevent her from getting European patents Miss Peniuk is reported as saying it is based on a medium that makes use of low pH to deactivate cold viruses.

In 1979 Miss Peniuk won a medal for



Mrs Kay Roberts (centre), winner of the May and Baker Community Pharmacy Award for 1985, receives her £750 research grant from Dr Kathy Hagan, May and Baker. Looking on is Dr David Anderson, chairman, UK Clinical Pharmacy Association.

research demonstrating that nasal passages of cold sufferers have lower levels of acidity than most healthy people. She also showed that exhaustion and stress could reduce nasal acid levels, says the report.

The remedy is said to work best taken prophylactically and so far four companies have approached Miss Peniuk about the product.

Mr Phillip Thomas pictured on p727, *C&D* October 20, is the all Wales research and development pharmacist responsible for stimulating and co-

ordinating research and development throughout the principality. He is attached to the regional quality control laboratory at St Marys Hospital, Penarth, S. Glamorgan, and not as stated.

DEATHS

McAteer: On October 29, after a short illness, Mr Gerard Gabriel McAteer, 137a Ligoneil Road, Belfast. Mr McAteer registered in 1947 and was in business at the above address for many years. He is survived by a wife and family.

APPOINTMENTS

Duphar Laboratories Ltd: Brenda Hammond has been appointed credit controller. She succeeds Helen Pattison who has retired from the company.

Pharmax Ltd: Richard Hart, marketing manager of the OTC division, has also taken on the role of marketing manager of the pharmaceutical division of the company.

H. Bronnley & Co Ltd: Mr T.M. Stocker has been appointed a director. He has been in the trade for almost 30 years, working in the Southern counties, Hampshire, Dorset and Wiltshire. He became sales manager in March.

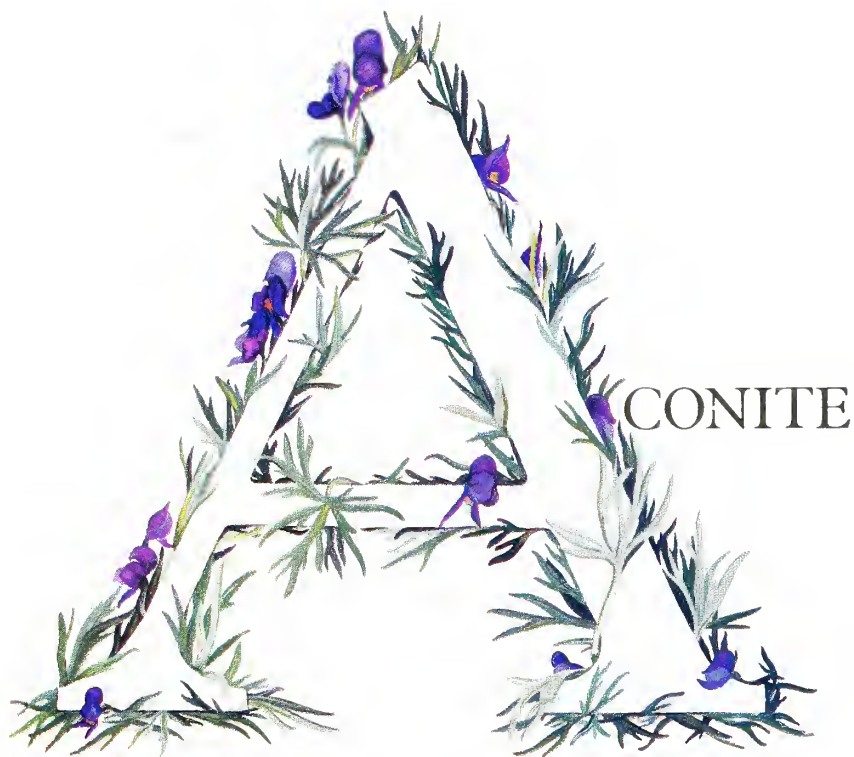
The Kendall Co, the medical division of Colgate-Palmolive, has appointed David Barratt as UK director of marketing. He joins from LRC Products where he was general manager of the family planning division.

National Consumer Council: Mr Alex Fletcher, Minister for Consumer Affairs has announced the appointment of television personality Miss Judith Chalmers to the National Consumer Council. Her appointment began on November 1 and continues until April 30, 1987.

Wellcome Foundation Ltd: Sir Alastair Pilkington FRS has joined the board as a non-executive director. He has had a distinguished scientific and industrial career. He is a director of Pilkington Brothers, the Chloride Group, and British Petroleum.

Boots the Chemists: Barbara Attenborough has been appointed a non-executive director of Boots the Chemists. Ms Attenborough, whose company is the London based consultancy of Barbara Attenborough Associates, has worked with Boots since 1970 as consultant for Boots No 7 cosmetics. Barbara's role as consultant incorporates all Boots own cosmetic ranges including the recent System 1.

Unichem has appointed three member pharmacists to its regional committees. Mr Geoffrey Weaver, MPS, proprietor of the Mount Pharmacy in Southdown, Bath, has been appointed to the West Country committee. Dr Edgar Horne, whose pharmacy is in Clopton Walk, Hulme, Manchester, is the new member of the Midland and North West committee, and Dr Lee Hetherington of Newburn Road, Newburn, Newcastle-upon-Tyne, has joined the Northern committee.



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